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# children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Helping Low-Income Parents

Children and the Threat of War

Factors Associated With Pica

An Experiment With Delinquents

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

children ®

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GOOD ENOUGH TO EAT? Sticky with the clay she has been playing with, this little girl licks her fingers, thereby following a tendency of many children to mouth their playthings. This may be more or less harmless—depending on the material in their toys—but if the child develops a persistent habit of actually eating nonedible materials, real trouble can ensue. The emotional and cultural factors associated with such a habit, medically known as pica, are described in the article beginning on page 143.

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# HELPING LOW-INCOME PARENTS

# I. Through Parent Education Groups

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"PARENT EDUCATION may be all right, but the people who need it most don't get it."

"You simply can't involve low-income families in parent education programs."

"Parent education is hopelessly middle class."

Such comments are familiar to all practitioners in the service professions. Nevertheless, renewed emphasis on rehabilitation as a major aspect of social policy and planning has reawakened an interest in the possibility of developing realistic parent education programs, which, along with other services, might be effective in helping low-income, culturally disadvantaged families break out of the cycle of defeat, despair, and social isolation.[1]

During the past 18 months the Children's Bureau has carried out an informal inquiry into ongoing parent education programs which are designed especially for low-income families. For the purposes of this inquiry, parent education was defined as: an educative process directed toward individuals in groups, with the goals of imparting knowledge, through a variety of methods and from a wide number of disciplines that may have a positive impact on the physical, emotional, social, and economic life of the family. This definition differentiates parent education from individual or group counseling or therapy. While the group educational process *may* have a therapeutic effect on some participating individuals, education rather than therapy is the goal.

The definition excludes a wide range of educational programs for adults which have as their main focus literacy, vocational skills, or academic education. Although such programs may well exert a positive effect on family life, they are not "parent education" in the sense of being primarily focused on family relations, child care, family budgeting, meal planning, and other tasks of family living.

Using the definition outlined, members of the Bureau staff corresponded with, visited, and talked to over 60 persons, representing a wide variety of professional disciplines, in various parts of the country who were conducting ongoing parent education programs with low-income families; or who had tried to conduct them; or who had indicated a wish to do so but felt that they lacked the know-how. Those interviewed included home economists, social caseworkers and group workers, adult educators, and family life education specialists. Their work was being carried on under the auspices of welfare agencies, settlement houses, public schools, voluntary family service and group work agencies, extension services, and family life and child development departments of universities.

Since the purpose of this informal inquiry was merely to find out something of the variety of channels and methods through which groups of low-income parents are being reached with family life education, no attempt was made to carry on an exhaustive or even a representative survey. Thus, while much parent education takes place in well-child conferences and classes for expectant parents, parent education activities carried on under public health auspices were not included in the inquiry.

Nevertheless, the following observations derived from the inquiry may be useful to those planning programs to help culturally deprived parents improve the quality of their family life. Because of space limitations, the observations presented here are necessarily only a selected few of many that might be made. They apply primarily to groups of mothers, for while it was generally agreed that it is important also to reach the fathers in such families, this apparently is easier said than done.

### *Reaching the Educatees*

According to most accounts, disadvantaged mothers, as well as fathers, are as a rule reluctant to come to a scheduled meeting. A typical reaction to an invitation to join a group is: "Who, me? Oh, no. I wouldn't know how to act." Few women in this social stratum have ever belonged to organized groups. Their remembrance of the group situation they encountered in their schooldays is often not a happy one. Some, new to urban life, are nearly as socially isolated in the city as they were in their rural homes, where their social contacts were few and, perhaps, rigidly controlled.

Thus it is apparent that to reach such families, parent educators must go at least 75 percent of the way.[2, 3] Various devices are used. Home visits to extend the invitation often bring good results when the visitor is sensitively aware of individual personality needs, cultural patterns, and the current situation of the families who are visited. Parents apparently want assurance that they, as individuals, will be genuinely welcomed into the program; that their everyday clothes are all right; that arrangements will be made for the care of their children (many agencies provide group programs for youngsters at the same time that the "mother's club" is meeting); that their friends and neighbors are also invited; and that the program will center on matters in which they are interested.

In some places other ways of reaching candidates for parent education groups have been found. One isolated, severely deprived community of Latin Americans in the Southwest was visited by a parent educator in an old truck, laden with bolts of brightly colored yard goods. As mothers gathered around she offered them several yards of fabric to create "something nice" for their homes, adding, "Wouldn't you like to come to the sewing class to find out how to make these things?" Many came. And as they sewed and talked, they learned much more than how to "sew a fine seam."

A group worker in a high-rise housing project in New York City used a similar method to bring mothers into the play-school program in which their children were enrolled. When the children were given an assortment of balloons, the bright colors and the children's shrieks of excitement lured the mothers from their apartments to the playground below. Once they were there, the leader found ways to involve them in the program.

In Syracuse, a family service center maintains a secondhand clothing exchange in a nearby housing project. Run by the mothers (with help from the agency's parent educator), this "swap-shop" permits mothers to obtain "credit-points" for clothing outgrown by members of their family; and to apply these credits to the purchase of clothing brought in by others. As the mothers carry on their trading (while the children are cared for in the adjoining nursery), a parent educator, trained in both home economics and social work, suggests that they might like to bring their new acquisitions to the center's sewing class so that the clothes can be "fixed up" to be a perfect fit. And again the "sewing class" turns out, under skillful leadership, to be far more than that.

Elsewhere, a group work agency has found that a party, to which parents are invited by personal telephone calls, is a good starting point for a parent education program.

A number of persons stressed the value of using local indigenous leadership. In one city neighborhood, for example, several mothers in the neighborhood who were generally well liked and respected were persuaded by the parent educator to form a small team to visit other parents to invite them to the meetings. In another, a university-based parent educator found that disadvantaged families attended an organizing meeting when their own neighbors provided the planning (with the professor's indirect guidance) and the entertainment, including a choir from a store-front church.

Several social agencies and school systems have launched "good housekeeping programs" at the request of public housing authorities which require some tenants whose housekeeping is objectionable to attend them on pain of eviction.[4] On page 134 of this journal, Esther Hill describes an experience of this nature in Philadelphia involving both group and individual approaches.

A well-attended meeting is, of course, only step 1 in an effective program. Our respondents described programs which seemed to "work"—at least in regard to maintaining the parents' interest—and those that

did not. The latter tended to feature lectures by experts, panel discussions, or movies with a "middle-class bias," and often were only one-shot affairs. The one-meeting approach to parent education with deprived, uneducated families apparently does not produce much change in attitudes or living patterns.[5] Many parent educators say that programs with low-income families should, ideally, maintain a kind of open entrance and exit door for members, but should be available to them for at least 2 or 3 years.

### *Sewing Classes*

"Doing" projects of an ongoing nature have seemed to generate considerable enthusiasm, fairly continuous attendance by more than half of the originally invited group, and evidences of changed behavior in at least some of the participants. Sewing classes seem to be especially successful, perhaps because they meet a number of important needs: the practical desire for clothes and household items, such as curtains, at low (or no) cost; and the psychological needs for engaging in creative activity and for achieving concrete, observable success. In order to meet such needs, sewing classes for disadvantaged mothers are usually conducted in a way that requires only a minimum of skill.

Some women who have suffered emotional deprivation in their childhood may also get some deeper emotional satisfaction from the warm "homey" character of these sewing classes. While any leader-group situation has overtones of the nuclear family scene, in sewing and other homemaking groups, the leader is especially apt to seem like a mother with a family of daughters. Moreover, along with the experience of being "mothered," the members of the group may have the chance to develop what some social workers would call "healthy female narcissism." For example, one of the authors witnessed the following in a Chicago housing project:

**Within the cozy sewing room, there was a relaxed atmosphere created by the mother-daughter relationship between the leader, a home economist and family life educator, and the mothers who were members of the sewing group. As she showed Mrs. Jones, a recent recruit, how to press seams in a newly made skirt, the leader teasingly commented that Mrs. Jones' husband would be glad to take her to a party now that she had something to wear. Mrs. Jones countered with "I'm going to look right sexy and that's a fact," but added that she hoped that this would not result in more "kids" as she had about all she could do caring for the two she had. At this the leader remarked, "You do a wonderful job with those little girls;" and Mrs. Jones beamed.**

**The leader then turned to Mrs. Wilson, getting down on the floor to help her shorten a skirt. Mrs. Wilson, looking pleased, blurted out, "I just don't know what I would do without you. I'd *never* get my hems straight. You're the only one I can count on." The leader, too skilled to accept this much dependency, flashed back, "Your husband can help you. Take my skirt measurer home the next time you want to hang a skirt. Husbands *love* to feel that they are needed."**

**Mrs. Wilson's doubtful look partly dissolved when Mrs. Barker chimed in, "I tried it out on my man, and he went around bragging that I wouldn't look half so good without his help."**

**Mrs. Barker was enthusiastically engaged in making a hat, as were several other members of this sewing group, one of whom remarked, "There is nothing like a hat to make you feel like a lady."**

Feeling like a lady is important to any woman. But mothers come to this sewing room for other reasons than this or even than making friends or being mothered. The sewing room is open every day and so offers them a resource in times of family crises. When a child is arrested for stealing, or a husband deserts, or a job is lost, a woman can grab up an old coat that needs fixing, head for the sewing room, and there ask for the kind of service she needs without seeming to ask. She can find comfort in friends and she can gain the understanding ear of the leader, who may provide the necessary counsel directly or lead her to the appropriate service.

Probably since the dawn of civilization, mothers have gathered in groups to perform some of their domestic tasks. And, as their hands have become busy, their tongues have become even busier. In such a setting, intimacies related to family concerns are exchanged behind the partial defense of doing something else at the same time. When intimacies become too painful, they can be dropped with the pretense that the dropped stitch or frying pan needs full attention. In sewing classes, led by a parent educator, such intimate conversations are skillfully and subtly guided to produce new insights, information, and perhaps changed attitudes in regard to family living and child care. The leader can help shift the flow of talk before self-revelation goes too far.

### *Other Approaches*

Sewing classes, however, cannot be regarded as *the* superhighway to effective parent education with low-income families. They appear to be a good route for *some* educators and *some* parents. But not every woman—and almost *no* man—wants to sew. Moreover, some good parent educators are not sewers.

Pure discussion groups, generally brought together in the first place by means of some kind of "reaching out" technique, reportedly go well when members are active participants in planning the

program as well as in the discussion itself. Discussions which focus on member-perceived day-to-day problems seem to be the most popular. Among the topics which have provoked enthusiastic participation have been: "keeping our kids out of trouble;" "what to do about bed wetting;" "what about our children and sex;" "raising children when there's no father at home;" "handling money."

When members of such groups are encouraged to tell what "works" for them, practical suggestions—some of them new to the parent educator—are often produced. However, parent educators find, as do caseworkers who work with disadvantaged families, that with these groups a firm, specific, approach is generally more effective than the abstract, permissive "line" often used with middle-class groups.

Usable parent education materials for groups of low education levels, such as films and publications, are, reportedly, all but nonexistent, most such materials being middle class in orientation and on too high a reading level. To help fill this gap, the Children's Bureau has recently prepared some booklets which are suitable for people who do not read easily, publishing them in Spanish as well as English.[6, 7]

Another approach to parent education with low-income groups is through the nursery or play-school in which the parents help professional teachers with planning and carrying out the children's activities,[8] thus having opportunities to learn new ways in child rearing. Some of our respondents believe that this method of parent education works well with low-income groups and some have strong doubts about its effectiveness. The doubters point out that many such parents are too overburdened with outer and inner stresses to give much of their physical and psychic strengths to this activity.

Some agencies sponsoring parents' discussion groups also add various kinds of "go-do" expeditions—to a supermarket, a department store, a park, or a museum. At first the leader accompanies the mothers to give them know-how and self-assurance, for many of the women have never ventured out of their immediate neighborhood. Later she withdraws from active participation but encourages them to make such forays in friendship groups and with their families. One agency calls this process "helping families move out of the cultural ghetto."

The importance of refreshments as part of the group meetings was frequently mentioned. These are kept simple and are usually planned by the group members themselves with help from the leader. Some leaders, however, gradually introduce low-cost homemade food items which members can learn how to cook themselves. [See p. 135.]

Refreshments are not only a treat for members but an aid in learning how to entertain in their own homes—important not only for themselves but also for their children. Food also provides a sense of belongingness and of festivity to mothers whose lives have been socially barren. For example, when one group served special refreshments in honor of a woman who had recently returned to the group after a long illness, she made a little speech of thanks to those who had visited her in the hospital and helped to take care of her children, ending: "It sure made it worthwhile to get well."

Of course, refreshments do not *build* this kind of group feeling. But they help as part of the total process through which clubs, on any level of society, often promote strong in-group feelings and a network of mutual aid.

### *The Leaders*

Well-trained competent staff are as necessary for parent education as for other services. However, there seems to be some disagreement as to what constitutes a well-trained parent educator. A number of persons, for example, made such comments as "of course only a trained home economist (or "social worker," or "family life education specialist," or "adult educator," or whatever discipline corresponded to that of the respondent) could possibly do an adequate job." However, no matter what the profession espoused, those with successful programs usually agreed that parent educators with the following characteristics are most successful in working with low-income families:

- A mature capacity for "motherliness"—the ability to give and forgive, to support, to guide with clarity and patience, and to set firm limits with both sensitivity and conviction.
- A sense of dignity which carries with it an aura of competent strength, but also permits its owner to perform unpleasant tasks (such as cuddling a messy baby) without loss of dignity.
- Creativity, flexibility, and a willingness to be something of a "maverick" in one's own profession.
- Ways of dress and grooming which can make the group members proud of, but not overwhelmed by, their leader, and present a role model they can realistically hope to emulate.
- Enthusiasm for living and an abundant supply of physical energy.
- An ability to translate intellectual material such

as concepts of child development into practical experiential terms.

• Understanding of the psychological and cultural characteristics of people, both as individuals and as group members.

This last capacity is reported as a product of both specialized training and the total personality of the "trainee." Some agencies have found persons who seem to have a natural gift for parent education from among schoolteachers, caseworkers, home economists, agency volunteers, and housewives in the neighborhoods being served. Thus there is a wide variation in educational background among the leaders, but this is complemented by competent supervision, in-service training, and further formal education. Most of these "naturals" have raised families of their own and out of their experiences bring a sympathetic, pragmatic, nurturant approach to their work.

Although some of our respondents suggest that parent educators who work with low-income families are most effective when they, too, come from a less than middle-class background, others do not agree. What seems to be more relevant than background in the parent educator are: flexibility and perceptiveness in learning from group members what values, customs, and attitudes are important to them.

Low-income families who have experienced social rejection are apt to be especially parochial about where they feel free to assemble. Therefore, meetings held in facilities in the immediate neighborhood, such as settlement houses or public housing projects, are apt to be the most readily accepted.

In some instances, as members feel more at ease with one another, meetings are held in their respective homes. When this occurs the leader subtly guides the hostesses through the intricacies of unaccustomed entertaining, at the same time guarding against the development of competition between hostesses.

### *Referrals for Service*

A number of persons pointed out that group education is only part of a network of services needed by disadvantaged families. Stressing the importance of readily available individual counseling, they reported that while the majority of group leaders provided a certain amount of informal, individual counseling themselves, some parents needed more intensive, individual help than the leaders had the time—or in some instances—the skill to give. Some of them raised the question as to whether it was wise for a person to try to function in the role of group educator and of personal counselor simultaneously.

Referral for individual counseling seems to go most smoothly when a caseworker is a staff member of the agency which employs the parent educator. Then, the caseworker may join the group from time to time, giving the group members a chance to know her so they will feel more secure in accepting a referral for counseling; and the counselor and parent educator may more easily work closely together.

Some persons reported that referrals to outside counselors are more apt to "take" if the group leader accompanies the client to the counselor's office for the first visit. This type of protective guidance seems to help shy or distrustful parents to find their way to community services which they may have previously associated with a threatening and unpredictable outside world, including public assistance agencies, courts, hospitals, mental health clinics, literacy classes, and so on.

### *Who Participates*

Unfortunately only a small proportion of mothers in low-income neighborhoods where such parent education programs are offered actually become involved in the programs. Aside from limitations of staff time and energy, factors in many otherwise potential participants operate to limit the programs. Parents who are not usually reached by the group educational approach seem to include the following:

• Persons whose life experiences have led them to become resigned to hopelessness and failure.

• Persons severely handicapped by physical or mental illness or defect.

• Persons who are so shy and withdrawn that they cannot bring themselves to face a group.

• Persons who because of their extremely hostile and aggressive behavior prove to be too much for other group members to bear.

However, in some cases of both extremely shy and highly aggressive persons, skillful group leadership or individual counseling, or both, have modified their behavior sufficiently to enable them to participate in the group. "Doing" programs, we were told, lend themselves especially well to this kind of behavioral change. The timid mother hides behind her cooking or sewing and quietly gains self-confidence through group-recognized achievement; and the assertive mother is helped to channel her aggression through challenging work projects.

Some, but not all, of the sponsoring agencies carefully plan the composition of their groups to keep a balance in ethnic or religious composition or in

personality types, or in all of these factors. Some leaders carefully include as group "stabilizers" mature, self-confident, outgoing persons from the neighborhood who act as "natural" assistant leaders.

Even when the leaders are men and the program is built around such male interests as carpentry, mechanics, or athletics, it has been found that few, if any, fathers respond to invitations to join parent education groups. While some caseworkers have had some success in forming a counseling relationship with such men, they report that moving them from a one-to-one to a group situation rarely meets with success. Further experimentation to find ways of reaching fathers is under way in some agencies.

While none of the programs reported to us have been systematically evaluated, parent educators have produced impressive case stories of changes in at least some participants—increased self-respect, improved maternal coping ability, growth in homemaking skills, and skills in interpersonal relationships. They have also described changes within their groups, with participants holding up higher standards for each other in regard to personal appearance, etiquette, responsible behavior, and the like. Some, too, have reported improvement in relations between persons of differing races and religions.

Such observations are, of course, subject to the biases of leaders, other staff members, and observers. Nevertheless, carefully planned and skillfully led parent education groups offered in low-income neighborhoods would seem to have an excellent potential for helping to strengthen family life for some economically and socially deprived families.

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# II. Through Homemaking Consultants

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THE QUALITY of family life often hinges on the mother's skill in creating a home which provides nurture and a center of gravity for all the family members. When incomes are marginal, the skill needs to be especially sharp. If a mother who lacks education as well as a margin for error in her income has never had an opportunity to develop such a skill because her own mother did not have it, not only she but her whole family is greatly handicapped.

To help such mothers develop the homemaking skills they need, the School District of Philadephia operates a homemaking consultant service, a special adult education program jointly administered and supervised by the school system's divisions of school extension and home economics education. The program is financed by the local school district with some reimbursement from State and Federal funds for homemaking education. The program developed approximately 15 years ago out of a critical need to improve housing conditions in a substandard housing area in the northwestern part of the city. It has

grown from a program established primarily to improve tenant-landlord relations to a dynamic force, not only in strengthening individual family life but also in strengthening relations between school and community in nine widely separated neighborhoods.

Nine consultants, each with a background of home economics education, work directly with individual mothers on whatever phase of homemaking is urgently needed to improve personal, family, and community living. All have had at least 2 years of college home economics, in addition to experience in adult education. Three of them have master's degrees and three bachelor's degrees. Their goal is to help the mothers help themselves.

Each of the consultants has her office in the public school in the community in which she works. From there she visits the families to which she has been assigned.

The first visit would appear to many to be purely a social call. In this friendly visit, however, the consultant is sensing the mother's problems as well as her interests. She will find something positive, something favorable to say to the mother, and she will have something to come back for. She may say, "The next time I come I'll bring you a pattern for your skirt." As a result of this personalized, sympathetic guidance technique, the mother herself begins to point out what steps she should take to improve her home situation. One little bright spot opens the door to many more possibilities.

As soon as a mother begins to grasp what the consultant is teaching, the consultant encourages her to join a group of four or five neighbors having similar problems. Meeting in the home of another person who has made considerable progress gives her a chance to see how others solve their problems. In many instances the mothers meet to sew, but as they are sewing they usually get into discussions concerning child care, teenage behavior, money managament, and meal planning.

In addition to working with individuals and small groups, the consultants conduct discussion sessions for large groups of mothers in school buildings or community centers, encouraging an exchange of ideas and giving the mothers a chance to get out of their homes for a bit. Many mothers bring their small children with them.

Most of the consultants schedule an annual homemakers' day in the school building in their community that can best provide for such a program. This provides an opportunity for the mothers to meet with other mothers with like problems and to exhibit some of their work through a fashion show, display of children's toys made from discarded materials, and food exhibits. School personnel and other community leaders become better acquainted with the entire program by attending.

The attitude and manner of approach on the part of the consultant is of major importance. She must be kind and understanding, possess a good share of empathy and be able to present her instruction in simple, clear-cut terms. Above all, she must be a good listener.

### *Supervision and Procedures*

A member of the supervisory staff of the division of home economics education supervises the activities of the homemaking consultants. She meets with the entire group one morning each month, leading their discussions and providing opportunities for updating their knowledge and skills in various subject areas. For example, she recently took the consultants to an upholstery shop in one of the city's technical high schools where they received instruction on reupholstering an armchair. Another morning she took them to a school's homemaking laboratory where they prepared a variety of dishes from the kind of foods provided needy families as agricultural surplus.

These monthly work sessions are also attended by a member of the supervisory staff from the division of school extension, who supervises the group in relation to the school system's adult education policies. Both supervisors, upon prearranged plans, observe consultants at work with their families. At these conferences the consultants talk over the problems they are facing and evaluate their procedures. Representatives from city health and welfare organizations and community leaders are frequently invited.

As each new consultant is appointed, she is given sufficient time to observe another consultant in action, actually spending 2 or 3 days with her. She is also required to study her community. During this time she gets to know the personnel of the local schools, clinics, health and welfare agencies, and shops.

Careful records and schedules are maintained. A card file of families being visited is kept in the school to which the consultant has been assigned. In addition, she sends a schedule of her planned weekly visits, group meetings, and demonstrations to the director of school extension and home economics education each week for the following week. She also sends them a monthly report indicating how many

families are on her rolls, the number of families she has visited, the number of new families included, and the number of families dropped, and the community organizations reached. She includes in this report a brief description of her activities and the conditions and progress she has observed.

### *The Families*

Mothers are referred to the consultant for service from a number of sources. One may be the local school, the referring person occasionally being the school principal but more often the school counselor, school nurse, or attendance officer. Other sources of referrals are social or health agencies, churches, and community councils. Many mothers are referred for the service by the local public health nurse, family service worker, public assistance worker, and child welfare worker. In such referrals, the mother is told that the consultant is an adult education teacher of homemaking who will call on her if she is willing to accept the service. Many mothers learn of the program from a neighbor or at the local school and request the service themselves.

The number of families each consultant serves averages 42, but varies with the seriousness of the individual problems and the nature of the community. Some families are dropped from the rolls after 2 or 3 months of guidance because of their quick improvement. Others are carried for more than a year.

The majority of the mothers visited are extremely poor managers and housekeepers. Their homes are cluttered, poorly furnished, and dirty. Children are many and are inadequately fed and clothed. While the handicap of insufficient income to meet basic needs is often real, the mothers do not know how to spend what they have to the best advantage. About one-third of the families are fatherless.

When a referral is made to the consultant, it usually means that help is needed in money management, meal planning for good nutrition, improved practices in child care, clothing care, and housekeeping.

About a year ago, the director of school extension received an urgent call from the Philadelphia Housing Authority requesting the services of a homemaking consultant for 15 families who were about to be evicted from one of the public housing projects because of their poor housekeeping. Because of the difficulty they would have in finding another place to live, the managing director wanted to give them a chance to stay if they would take advantage of an opportunity to learn, through the homemaking consultant's help, how to "clean up, fix up, and keep up" their apartments.

A homemaking consultant was assigned to work with the 15 mothers at the project each Monday for a full day for 5 weeks. In the morning she gave discussion-demonstrations to the group as a whole on such subjects as the importance of cleanliness—especially in connection with food handling, the refrigerator, closets, the stove—during which she would point out the satisfaction a clean, orderly, and attractive home brings to everyone in the family. In the afternoon, she visited individual apartments, working along with the mothers on their "operation cleanup." At the end of the 5 weeks, enough improvement had been made in 10 of the homes that the families were allowed to continue to live at the project. Five families were evicted.

The failure of some families to respond to their efforts is one of the disappointments the consultants have to face. Most of the families served respond in some measure and continue to put into practice what they have learned. However, each of the consultants has had to discontinue work with some families because of their unwillingness to cooperate.

### *Some Problems*

The consultants often find themselves faced with urgent problems such as helping families to obtain quickly needed housing, food, and clothing. Consequently, they have learned where in their particular communities they can send families for help. Goodwill Industries and The Salvation Army, for example, have provided beds, chairs, and clothing which the consultants have helped the families make usable and even attractive. Referring low-income families to the welfare department for U.S. Department of Agriculture surplus foods has helped family budgets considerably. Helping large families to find adequate housing is often a more difficult problem. The public housing projects are frequently unable to accept families with eight or nine children because they have only a few dwelling units with more than three bedrooms.

Nutritional problems are among the most common problems affecting children in the homes visited by the consultants. Their stress upon the importance of a good breakfast is often effective. School nurses have reported that there are fewer "tummy aches" and headaches when the consultant has succeeded in convincing the mother that children must begin the day with breakfast.

The consultants' efforts to teach families how to

use the surplus foods (cornmeal, powdered milk, dried eggs) to best advantage have helped families stretch their budgets as well as to achieve better nutrition. Demonstrations in their use, providing simple recipes, and giving the mothers an opportunity to taste the finished product have resulted in better meals in many families. When this is so, the children get more milk because of the various ways in which the powdered milk is used in cooking.

The Smiths are an example of one family which is eating better because of a consultant's help:

**A school nurse, discovering that several children in the Smith family were suffering from malnutrition, arranged for the homemaking consultant to go to their home. When the consultant called on Mrs. Smith, she introduced herself as the homemaking teacher for adults from the school, about whom the school nurse had spoken, explaining that she frequently helped parents follow the recommendations given by the school nurse or doctor in regard to feeding their families the right foods for good health. She found that Mrs. Smith was struggling to care for nine children on about $200 a month.**

**The consultant worked closely with Mrs. Smith for several weeks. Together they figured out a food budget which would allow for inexpensive yet nutritious meals. She taught Mrs. Smith how to use the surplus foods she was receiving from the welfare department and how to market more wisely. In 2 months' time the children had gained weight, and because of improved health generally, their attendance at school had remarkably improved. At the same time, Mrs. Smith's housekeeping practices had taken a decided turn for the better.**

In recommending basic foods the consultants avoid stressing one particular dish. Instead they suggest a wide variety of ways in which each type of food can be prepared. In introducing a food new to the family they prepare it along with a favorite dish in an effort to break down resistance to unfamiliar foods.

The consultants also report good results from their counseling in respect to overweight children, especially preschool children and teenagers. In such cases they help the mothers plan well-balanced, lower-calorie diets. When a school-age child is involved, the school nurse, classroom teacher, and the consultant work together on the case.

Lack of adequate clothing for children is a common problem among the families served by the consultants. Probably their greatest activity in the homes is showing the mothers how to mend, remake, and alter hand-me-down clothing from older brothers and sisters or adults. The mothers show pride in such conversions as the following: a jumper for a teenager from a dress given by a friend; blouses from men's shirts; pants for a 6-year-old from a size 40 skirt; dresses for children and for themselves from inexpensive materials.

**A homemaking consultant from Philadelphia's school system helps a mother learn to make slipcovers for her home.**

As the consultants help the homemakers sew, they gain their complete confidence. When they have thus established a friendly, understanding relationship, they find they can approach many problems that they could not previously have brought up with the mother. For example:

**The nurse and counselor at the school asked the consultant to visit Mrs. Y. The consultant found Mrs. Y and her family of four children living on public assistance in one of the smallest, dirtiest homes she had ever visited. Mrs. Y's housekeeping was very poor, but she was not interested in improving it. The consultant had to reach the mother through her one and only interest, sewing. Mrs. Y had a sewing machine and somehow was able to get enough material to make her own and her children's clothes. Even if there was little or no food in the house, the children were well dressed, but they were rarely clean. To win the mother's confidence, the consultant showed Mrs. Y how to use shortcuts in making garments and perfect her sewing techniques. Then over their sewing she discussed some of the other activities she and several other mothers were doing together, such as seeing to housecleaning "musts" for home safety and health, and planning meals. The consultant hoped that Mrs. Y would show some interest in cleaning her home and giving more attention to planning and preparing nutritious meals, and after a few visits when Mrs. Y did not respond to her suggestions along these lines, she said that she could not continue her visits unless some improvement was made in housecleaning.**

**The consultant did not call at this home for 3 weeks. She returned, however, after she received a phone call from Mrs. Y asking for help in managing her income and her time. The consultant is still working with this family. Progress is slow, but as long as Mrs. Y wants help and shows some improvement, help will be offered her.**

When the consultant is asked by a social worker or a public health nurse to visit a family, she meets with the referring person at a place other than the home of the family to discuss the case and how she might make the best contribution to the family. The two workers make every effort to avoid duplication. Should the consultant find that the nurse or the social worker is in the home when she makes her call, she leaves immediately. They do the same when they find the consultant in the home.

Just as the social worker calls upon the homemaking consultant to help the family, so does the homemaking consultant call upon the public welfare agency, the public health nurse, or family or children's services when need for them is apparent. The consultant attends meetings of community councils and of social and public health agencies. In so doing, she learns how the families she is working with are being helped by others. She also reports progress she has made.

Should the consultant suspect neglect or abuse of children in one of her families, she calls this to the attention of the person who referred the family to her, relying on the referring agent to take what steps are necessary.

### *Evaluating the Program*

While this program surely offers fertile ground for scientific research, none has as yet been attempted. Informal evaluation takes place, however, from day to day. It is provided through self-evaluation by the consultant and untold expressions of appreciation by school personnel, social workers, and community leaders.

Success can be measured in some degree by the change in personal, family, and community living patterns that take place following the service provided. The consultants use the following list of questions as their yardstick for determining effectiveness:

- Have there been improved relationships among family members?
- Do all family members share in the work of the home?
- Do families take pride in their home?
- Do family members sit down to meals at regular times?
- Is there family planning for spending and saving?
- Do family members take the initiative in solving their own problems?
- Is better use made of leisure time?
- Has there been an improvement in the health of family members?
- Is there evidence of improved citizenship on the part of family members? (clean, well-kept homes? tidy yards, front steps, pavement? rubbish disposed of according to city regulations?)

Rarely in their past have the mothers in the homes visited by the consultants attended the meeting of the home and school association or adult education classes in the neighborhood school. After they have been helped individually in their own homes and a certain degree of "order out of chaos" has developed—clothing is in good wearing condition, and relations in the family and the community are improving—many of these women begin to relate to their neighbors, to the community, and to the school.

Thus the value of the program reaches from the home out into the community and the school. Its success is reflected in the improved appearance of the homes in the community, in the cooperation of tenants and landlords, and in the willingness of the people to assume their share of community responsibility and work for the solution of community problems.

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**It is only with respect to the poor that our society regularly and harshly makes the distinction between those who are deserving and those who are undeserving. We do not take money away from the idle rich because they don't deserve it or don't use it well.**

*Dr. Charles Frankel, professor of philosophy, Columbia University, at the National Social Welfare Assembly Annual Luncheon, December 1961.*

# CHILDREN'S RESPONSES TO THE NUCLEAR WAR THREAT

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WE KNOW that environmental factors, specifically the social environment, play a large role in determining not only attitudes and patterns of behavior, but also the psychological structures that influence the development of character. The nearly universal recognition of a potential or, as many people think, actual threat to the continuity of human civilization and to the integrity of our biological habitat is a change in the social environment which ought to make a difference to the mental content, and thus the psychological experience, of children. On the basis of preliminary observations I have formed the conviction that the profound uncertainty about whether or not mankind has a foreseeable future exerts a corrosive and malignant influence upon important developmental processes in normal and well-functioning children, as well as in those who are in any case vulnerable to additional stress due to preexisting psychopathology. In my view, the subtle and pervasive effects of the present social climate upon all children represent a far more serious hazard than the incidence of heightened anxiety and of fear which children share with adults at moments of political crisis. In this paper I shall present some facts and some ideas in support of this conviction.

Before turning to the data, I want to point out that the exploration of the psychological consequences of such a crisis, important as it may be, is a secondary response to the actual threat to survival. If there is a real possibility that nuclear weapons will be used, with disastrous consequences for people everywhere and for all future generations, a preoccupation with the psychological aspects of the threat is trivial. It is as though people in a house afire were to spend their time reassuring the children instead of putting out the fire. In our role as professionals and in our capacity as citizens, the primary task is social action to forestall a nuclear war and to work toward a livable world. However, I believe that it is possible to combine a primary commitment to necessary social action with an interest in identifying and counteracting malignant psychological aspects of the immediate situation.

There is strong evidence that many children are aware of the existence of nuclear weapons, of political tensions, and of the apprehensions felt by the adults with whom they live. We know less, however, about what this information means to children and about whether or not it makes a significant difference in their lives. Therefore, an informally constituted group of colleagues in New York City, which calls itself The Committee on Children, decided to obtain factual data on children's conscious awareness of the world situation and on their attitudes toward it. Since the spring of 1962, this group has been developing a questionnaire to be administered to large numbers of children in many parts of the country. This article, however, can report only on what was learned from pilot studies.

In these pilot studies we experimented with four different versions of the questionnaire. The study samples were drawn only from the Greater New

Based on a paper presented at the 1963 annual meeting of the American Orthopsychiatric Association, Washington, D. C.

York area. Data were collected during the summer of 1962, well before the Cuban crisis, and during October and November 1962, and February 1963. Because of the variation in the form of questions and the limitations of sampling, no general conclusions can be drawn from our material, not even about New York City. However, it remains of interest to know what children did say when asked their expectations of the future.

The present report is limited to the responses of 311 children between the ages of 10 and 17 years who were from widely different socioeconomic groups. Over 100 questionnaires were obtained through schools and community centers serving grossly underprivileged areas with large proportions of Puerto Rican and Negro children. Another third of the sample was obtained from schools and camps attended by children of lower-middle and middle-middle socioeconomic groups. And the remaining 100 questionnaires were obtained through private schools, one of them under religious auspices, which serve intellectual, cosmopolitan, upper-middle-class families.

We wanted to find out whether children's spontaneous and overtly conscious expectations in relation to the future are significantly affected by the nuclear danger. We realized that unconscious expectations or fears may be potently at work which might not be reflected in the children's answers, and that children also may not communicate conscious but anxiety-laden thoughts about the future. Nonetheless, conscious and communicable aspects of mental life carry a great deal of weight and are important. The effort was to get children to express their rational expectations about the future and to ask our questions in a way that would not suggest a direct reference to war or to the political situation.

### *What Children Expect*

The kinds of questions we asked were: "Think about the world as it may be about 10 years from now. What are some of the ways in which it may be different from today?" Also: "How would you like it to be different?" And also: "If you had three wishes, what would they be?"

As can be imagined, we obtained fascinating material on children's visions of expanded space and of an automatized world. Interplanetary travel, space stations, trips to the moon, flying cars, machines for all possible purposes (including one, described by an 11-year-old, in which "you push a button and it tells you what you should do that day"), and robots loomed very large. In addition, nearly all the children expressed the universal wish for a long life or immortality, and for lots of money. A great many spoke of miracle cures for fatal diseases, of better living conditions, of an end to racial discrimination, of better education and housing, and of more kindness in the world. Among the underprivileged city children there was a surprisingly strong emphasis on beauty and cleanliness. These children revealed longings for beautiful houses, clean streets, flowers, country life, and contact with animals, as well as urgent concerns about jobs, health, school grades, bicycles, and enough food.

How much room did all of this leave for larger concerns in behalf of the future? Of these 311 children, 218 (or 70 percent) mentioned the issue of war and peace. In all but a few instances, this was more than a pious wish for world peace. Many of the children wrote of what war would mean, of how and why they thought the world would arrive at peaceful existence, and of the main obstacles to peace.

As one would expect, the undereducated children from marginal social groups were neither as articulate, nor, as a group, as preoccupied with the danger of war, as the middle-class children of comparable ages. With the exception of a small group of 12- and 13-year-olds from a district in New York's Harlem, the most pessimistic children in the samples, the frequency with which the problem of war was discussed was lower among the poor children. Of the underprivileged groups (excluding the Harlem sample), 39 percent mentioned the possibility of war in speaking of their future. For the lower-middle-class group, the corresponding value was 62 percent; and for the middle-middle- and upper-middle-class groups, the corresponding values were 77 and 100 percents.

However, if one turns to what these children have to say about the topic, once they do mention war it turns out that the underprivileged groups are at least as pessimistic as the others. Of those who mention war, 35 percent considered a destructive war very possible, and some thought it a certainty. A young Puerto Rican wrote: "I think I would be all broken up because of the war which will come. The war destroys New York." Many children perceived a decisive alternative. For example, in discussing what the world would be like in another decade, one 12-year-old wrote: "We may have gone to the moon. We would maybe have a new way of transportation. Maybe we will not even be here 10 years from now. Maybe there will be no such thing as a

world. Maybe there will be a world war III. We don't know."

In comparing the responses from the socially deprived groups with those from the middle-class groups, we find that many of the deprived children are so preoccupied by immediate pressing concerns, such as poverty, worry about school grades and jobs, and hostile elements in their immediate situations—such as gangs—that they have less "room" for the contemplation of more remote dangers. Not unrelated to this is the circumstance that many of these children are cognitively impoverished and so envisage the future only in immediate terms. However, once such children do recognize the danger to mankind's future existence they are more inclined to view it fatalistically and pessimistically. They express a wish for peace, but often no notions of how it might come about and relatively little expectation of a positive solution.

As already mentioned, some of the data were obtained before the Cuban crisis; the remainder, shortly afterwards. One would expect that the tension during that week of October 22, 1962, would have greatly reinforced children's awareness of the possibility of war. In many ways it must have done so, but this is not revealed in our questionnaire. Of the 55 children who responded while at summer camps, well before the October crisis, 79 percent discussed the problem of peace and war, and of these, 34 percent envisaged a destructive war as entirely possible and, in some instances, as probable. The reader will remember that during the summer of 1962 the question of shelter building received much heated discussion. It is my impression that, in New York City at any rate, the shelter controversy strongly impressed children with the possibility that they and their own homes might be endangered by powerful atomic weapons. At any rate, for the children in our sample the concern was as great before the Cuban crisis as it was afterwards.

### *War and Peace*

By and large, the 218 children who mentioned the possibility of war also committed themselves to a probability statement. I have already cited some examples of the extremes, a firm expectation of war or, more frequently, a decisive either-or statement. Here are some others:

• To a question of whether anything could be done about keeping the bad things from happening, a 12-year-old answered: "No, because all of the people will die and the world will blow up."

• A 14-year-old speculated that 10 years from now the world could be "completely united—and have no danger of war"; but added that "if there was war before then, the world could be almost completely destroyed with no certain power but just poverty stricken countries."

• Another 14-year-old wrote: "Either complete peace or total destruction."

• A 13-year-old: "Red China is going to become more powerful than any other country and they'll probably find the atom bomb and bomb the world." This child also wrote: "I feel that man has enough trouble surviving on earth and why should they [literally] seek for more problems."

• Another 13-year-old: "I think if there is a world 10 years from now it will be horrible and full of fear from war (with whatever weapon they have invented by then)."

• An 11-year-old thought the world would be "more modern (if we aren't wiped out by the bomb first)."

### *An Unpleasant Future*

Many of the children who did not believe that a war is apt to occur within 10 years, nonetheless envisaged a remarkably unpleasant future. For example:

• A 14-year-old wrote: "The people of the world never change, but the atomic powers will still be expanding and the threat of war and complete destruction will hang as a cloud of fear over the world. And people will have to live with the fear of death eventually by the instruments of war."

• An 11-year-old: "In 10 years countries will still be quarreling—larger countries will be preparing bombs to wipe out the world."

• Another 11-year-old: "The people will be living underground and they would have to have a lot of light or I think the children would not be very strong as they are now. But I really hope it will be a lot better than I think it will be."

• A 10-year-old: "There wouldn't be any schools or houses and people would live in the ground. They would be different colors and have long feet and long hands. That's what I think the world will be 10 years from now." In response to the question of how she would like it to be different, this child replied that "it would be peaceful and happy."

The older and well-educated children displayed their pessimism in sophisticated ways:

• A 14-year-old first described medical advances and continued, "yet as far as the world situation is

concerned tension will be much worse." He explained that Red China will have the bomb and will expand, that Russia will be unable to control China, and that the underdeveloped countries will turn to communism. American politics, he thought, would turn more to the right as the world situation worsens, and he concluded that "great powers would continue to pollute the atmosphere with test bombs."

A large proportion of the questionnaire answers obtained from the older, middle-class children, especially those in private schools, turned into essays of this sort which, in totality, touch upon almost every aspect of the war and peace problem. Disarmament, the United Nations, a world federation, the World Court, the economics of conversion to nonmilitary production, the changing balance of power among nations, ideological conflict, moral and religious concerns, and the psychological roots of aggression all were mentioned, and frequently discussed very sensibly.

Also interesting is what these children said and implied about the causes of danger, and about the changes required to make peace possible. Only 11 children (or about 3 percent) gave evidence of a mechanism, apparently more common in other groups, of projecting the blame for danger on communism (or on Khrushchev and Castro personally); and even these expressed sympathy with the people in Communist countries, with the hope that they will become free. The vast majority of the children saw the problem of achieving peace as the necessity for nations and people to get along, always including this country in their demand for finding peaceful solutions. The younger children, and many older children from depriving backgrounds, seemed to regard peace as a matter of personal friendliness and intention. A good many children responded in a similar vein as the 10-year-old who wrote: "I wish Russia and Cuba be our friends."

The older and more sophisticated children recognized conflicting interests and the need for legal and military mechanisms to maintain peace. Most of them were critical of the power needs of large countries, often including our own. Here are some examples:

• During the second week of October 1962 (just before the Cuban crisis), an 11-year-old wrote: "I would like Kennedy and Fidel Castro to become good friends and both countries start to live together and we shouldn't have war—and there will be no more fighting and that we would not have to live underground."

• Another 11-year-old answered the question "Is there anything that can be done to keep the bad things from happening?" with "Yes, by making friends with other countries, that's why we have United Nations."

• A 14-year-old: "I would like to see the 'big 5' sit down and discuss the world situation with good results . . . and we could all live with no threats of bombs hanging about our heads."

• A 13-year-old said he would like new leaders and "a peace organization better than the U.N." "If East and West cooperated," he continued, "medicine and space science would improve and warfare would fall into the past."

• A 14-year-old: "I would like to see the U.S. and U.S.S.R. friendly and all their scientists working together for the good of mankind."

All of the foregoing quotations about cooperation come from public school children. The private school youngsters, generally more sophisticated, expressed the same sentiments but were far more knowledgeable about problems of disarmament, negotiation, peace movements, and the economic sources of conflict.

### *Some Implications*

It is tempting to continue with the questionnaire material, for as one reads dozens and hundreds of these answers, one accumulates a powerful impression of troubled and wistfully hopeful children. The question "How would you like it to be different?" particularly seemed to invite the indirect expression of fears and dissatisfactions. It is in response to this that children expressed their hopes that there would be no more fear of bombs and radiation, that people might not be hurt, that there would be less fighting, less poverty, better treatment of Negroes, and so forth.

However, a few things must be said about the implications of these expressions in relation to the development of children. Developmental psychology has begun to make explicit some of the ways in which children internalize and make part of themselves what they learn from adult models. We think that certain patterns of adaptation characterize each major developmental stage. And by the same token, we think that each phase of development is especially vulnerable or sensitive to particular aspects of the outer world.

For the school-age and adolescent stages, to which this discussion is limited, the central developmental processes revolve around the mechanism of identifi-

cation and the establishment of personal identity—related but not interchangeable concepts. Identification is a dominant mode of middle childhood, whereas identity formation is the integration and synthesis of all past identificaions into a cohesive sense of self and of one's place in the scheme of things. As Erik Erikson has pointed out, much of adolescent development can be understood as the struggle to achieve a sense of personal identity.[1] I believe that a consciousness of nuclear danger necessarily weakens and impedes the most useful and constructive processes of identification in school-age children and that it tends to distort normal processes of identity formation in adolescents.

Granted, patterns of family living as well as the broader social scene have always contained disruptive elements. Long before nuclear weapons were ever dreamed of, both constructive identifications and an acceptable identity were hard to come by—the psychiatric clinics, the hospitals, the schools, and the courts are witnesses to the many many failures of development which our society has produced. My hypothesis is merely that the changes in the social milieu and within individuals that occur in the wake of the nuclear crisis are of such a kind as to make still more difficult developmental progress in these two areas.

To be specific, though necessarily schematic: School-age children are profoundly aware of their status as children. This status means to them not only that they are as yet dependent and unable to compete with adults, but also that they are in the process of growing and of learning to become adult. Their image of what there is to be learned, of what it means to be an adult, of the attitudes, skills, and attributes of successful living all come from what they see and sense in their elders. As we know to our cost, they identify not only with that which makes a powerful positive impression—courage, lovingness, skill, and learning—but also with painful and hateful components in the personality of those who loom large in their lives. The sons of ineffective fathers may desperately strive for strength and masculinity, and seize upon teachers, public heroes, or any other models as identification figures. Yet, at the same time, they may come to feel unconsciously that in becoming a man and a father, they are doomed to become as weak and ineffective as their own fathers. In short, those identifications that have adaptive value and that are strengthening to the child are derived from models who actually possess useful virtues and successful kinds of competence.

Following is an oversimplified version of what can happen to children's identification figures as a result of the nuclear threat:

Children know that an overwhelming danger exists. They also see that parents, teachers, in fact all adults, feel inadequate to cope with this danger. Even the most affirmative supporter of action for peace cannot assure children of his complete confidence in a livable future. This is an unalterable fact, as long as nuclear weapons exist.

Most children also see in their elders most of the time evasion or lethargy based on underlying fear and fatalism—and children are known to be sensitive to underlying feelings and to unconscious defenses that operate within adults. Other children see helpless anxiety and manifest despair in adults who have become keenly concerned. Only rarely can children see a resolute facing of the problem, clear-cut convictions, and deliberate action even without assurance of success. And many children who do observe a firm stand in their elders are given a demonstration of hatred and scapegoating as the only solution. To judge by some newspapers and public utterances, the way to stay alive is to trust no one and to destroy your opponents before they can destroy you.

These are far from optimal patterns of identification. While they may serve as a protection against anxiety on one level, they generate anxiety on another. For surely the image of the world they suggest, and of how to survive in it, is ugly and uninviting.

### *Effects on Adolescents*

Following is an equally oversimplified formulation of the adolescent struggle for identity:

Adolescents must attempt to reconcile strong impulses from within, with all they have learned about themselves, about reality, and about the larger social framework in which they live. Inevitably, their better acquaintance with the adult community, with adult values, and adult traditions leads to disappointment and rebellious criticism. However personal and immature the reasons for adolescent scorn may be, young people have a keen eye for the shortcomings and inconsistencies of adult society. The hypocrisy and selfishness and emptiness of which adolescents have complained since time immemorial really exist. And if it were not for young people, and for those who in their youth acquire enduring altruistic attitudes, society would lack a most important impetus for progress.

Under ordinary circumstances, adolescents become

young adults and achieve a more objective perspective largely in response to the realistic opportunities for the satisfying experience which society offers. There *are* opportunities for learning and teaching; scientific advances *are* exciting; happy relationships among people *are* possible; there *are* jobs, potential sexual partners, and opportunities of many kinds. It is not required that these satisfactions be guaranteed. Young people come to terms with the adult world as long as it holds out a reasonable promise for fulfillment in some spheres of living. Adolescent growth is largely a matter of the pull exerted by the prospect of maturity, pitted against remaining needs for dependency and the security of childhood.

But if there is no future to look forward to, or if it seems chiefly disastrous, where is the pull for maturity to come from? The responses to our questionnaire leave little room for doubt that recognition of the threat to survival is of vital moment to children at this critical stage of development. And what I have already said about identification figures for middle childhood can also be said about the adult value systems exhibited to adolescents. Adolescents today can find more than ordinary cause for profound distrust of adult standards of thought and behavior. It is as though the wildest adolescent fantasies of adult insufficiency had suddenly come true. For they feel that it is we adults who brought things to such a pass, and who are not about to better them.

Elsewhere I have discussed another adolescent reaction to the world crisis, which has also occurred.[2] It consists of an alliance between young people and those elements of adult society that do assume an active and consistent stand in relation to the issues of peace and of human betterment. The formation of personal identity can, under some conditions, find its focus in this issue.

Our study presents no conclusions, but the alternatives that emerge were well expressed by two of our young respondents. One of them laconically replied to the question about what the world would be like 10 years from now: "We be dead." The other, an adolescent, gave as his first and foremost wish: "Valid reasons to believe in future progress, not regress and destruction for myself and the world."

Let us listen to the children.

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[1] Erikson, Erik H.: The problem of ego identity. *Journal of the American Psychoanalytic Association*, April 1956.

[2] Escalona, Sibylle K.: Unpublished paper delivered before the William Alanson White Psychoanalytic Society, New York. November 1962.

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**I suggest that it [the family] can regain its moral authority, not by reinstating the authoritarian role it once occupied, that is gone forever, but by the direct involvement of parents in the moral and political issues which are shaking the world. . . .**

**We have seen the young Negro in the South asserting a moral leadership without aid from his family, his school, or his elders. We have seen white students going to his aid, often against the wishes of their families, always against the pressures of their society. We have seen young people volunteering for the Peace Corps, forming their private peace corps projects, responding to the idea of a domestic service corps, ready to serve humanity at the point of its greatest need.**

**. . . The hunger for nobility, for the "rare words and facts that harmonize simplicity and truth," is a reality for them, and the nourishment of their spirit will come from those who care to involve themselves in the struggle to solve the problems of survival, liberty, and fraternity. In seeking to become worthy of the respect of mankind, the citizen-parent becomes worthy of the respect of his children. . . .**

***Harold Taylor, vice president, the Peace Research Institute, at the 75th anniversary year conference of the Child Study Association of America, March 1963.***

*Studies of pica in children throw light on . . .*

# WHY CHILDREN EAT THINGS THAT ARE NOT FOOD

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FOR THE PAST 8 years the Children's Hospital of the District of Columbia has been conducting studies of children with pica—a craving to eat bizarre substances not intended as food. The studies grew out of concern about an increasing number of cases of lead poisoning in preschool children.

The children with lead poisoning were treated with efficient methods of removing the lead from the body, and their parents were repeatedly warned not to permit their eating lead-containing substances, such as plaster and paint from walls. Nevertheless, many of the children were brought back to the hospital later with lead intoxication, some of them with growing evidence of resultant brain damage; some with already developed permanent convulsive patterns and severe mental retardation. Thus it became increasingly evident that lead ingestion was a public health problem, the solution of which would require investigation of why these children were eating these lead-containing substances in the first place.

Therefore, the hospital planned an investigation of pica in children, with five research goals:

1. To trace out the natural history of pica as a phenomenon.
2. To describe the emotional climate in which this condition develops and flourishes.
3. To determine the relationship of pica to nutritional disturbances in the affected children.
4. To find out whether there are cultural aspects.
5. To delineate implications for prevention.

The investigations were carried out by an interprofessional research team consisting of a psychiatrist, pediatrician, psychologist, and social worker. They were assisted in investigating the prevalence of pica by the nurses of the District of Columbia Visiting Nurse Association, who inquired about the problem of all mothers of children from 1 to 6 into whose homes they went for any reason.

Ninety-five of the children from our pica clinic, 36 with lead poisoning, were studied intensively in the psychiatric phase of the research. However, the studies could not be completed on some of these children since their mothers failed to bring them back to the clinic even for medical followup. There is reason to believe that the children who were studied may represent milder cases of psychosocial pathology than those not included.

This phase of our investigations involved a control group of 27 normal children and 32 children with psychiatric diagnoses. It consisted of—

- Interviews with the mother and (in some instances) the father.
- Psychological testing of the child by the clinical psychologist.
- A playroom interview with the child by the psychiatrist.

• A Rorschach test of the mother if she was willing to participate; 115 of the 145 mothers of the subjects and the controls were willing.

• Interpretation to the parents by the psychiatrist after the research team had conferred to summarize the psychodynamics involved in the child's pica and to consider the most feasible ways of approaching the problems.

• Followup of a number of the children for several years after the original study through the pica clinic. In this followup, the medical, psychological, and social problems were reevaluated. The social worker provided casework service to some families over extended periods. Seventeen of the children with pica and seven of the children who were psychiatric controls received psychotherapy.

Nutritional studies were made on 78 children, 28 of whom were controls. They included a number of items pertaining to both social history and psychological data, where data comparable to the psychiatric studies were obtained. Observations made on the children at play through a one-way screen revealed not only whether or not they had pica and, if so, to what extent, but also verified some of the findings of the psychiatric study.

While stimulated by the medical problem of lead poisoning, the investigations soon revealed that children with lead poisoning represented only a small portion of those having pica. In fact, it was found that 50 percent of the children hospitalized for so-called accidental poisonings had persistent pica.

### *History and Incidence*

Most children begin mouthing objects in the middle of their first year as part of the normal hand-to-mouth stage of development. Child development studies indicate that this type of activity subsides early in the second year of life. Its persistence as a major activity past 18 months of age may be considered in the abnormal range, but pica involves a further step—the developing of a craving for actual ingestion of a particular substance. The 500 children we studied with this condition habitually ate such substances as newspaper, toilet paper, cleansing tissue, dirt, plaster, wood, cigarettes, matches, starch, paint, powder, crayons, grass and leaves, soaps, bugs, and other objects. The craving for such unnatural "food" is symptomatic of an unmet need.

In a random survey of 859 children, it was found that pica as a symptom occurs chiefly in preschool children, the greatest incidence occurring in children between 18 months and 2 years of age. In lower socioeconomic groups the incidence among children in this age group is between 50 and 60 percent; in higher income families, about 30 percent.[1]

After 2 years of age, incidence drops. By 3 to 4 years of age the manifestation seems to be mostly given up as a persistent habit by children of the "private patient" economic level, while it continues to be evident in about 20 percent of the Negro children of lower economic status found with this condition. Pica does not usually occur in persons past 6 years of age, with notable exceptions such as organically damaged or schizophrenic children, pregnant women, and women in some subcultural groups. It seems to be substituted for by other behavioral and somatic manifestations when the psychological need for symptoms persists.

### *The Emotional Climate*

Through our various investigations we have come to see pica as a result of interaction between forces acting within the child and in the environment.

The dynamic forces within every child at birth include a very necessary investment in oral activity. This varies considerably in strength from child to child. Some children show more interest in mouth activity than others. Some children may have such interests enhanced by the way their mouth activities are dealt with by adults or even other children, particularly their siblings. Once there is an intense pressure for oral stimulation in the child, its fate and manifestations are determined by the way in which it is dealt with from the outside.

Since there is a normal tendency for mouth activity, mouthing and ingestion of all types of materials are to be expected on an experimental basis in the normal hand-to-mouth stage of development at younger age levels, which persist when there are extra pressures in this direction. Usually mothers are on the alert for this and will not allow the child to take harmful objects into the mouth, much less swallow them. However, among children with pica, the mothers usually have supplied inadequate patterns of control for these oral activities. The manifestation then may go on to become an internalized one in the child, with the craving often becoming quite specialized to one or a few materials which seem to have acquired specific meaning, usually symbolic to the child. In other words, the child has experienced no conflict between his inner pressures to mouth objects and the forces outside because the forces outside have been nonoperative.

In this frame of reference, our studies[2,3] thus

far indicate four ways in which pica may develop:

1. ***Pica may be an attempt by a young child to solve the problem of meeting his oral needs when the mother is unavailable to him because of death or separation or because of personality disturbances in the mother.*** In the latter instance, the personality disturbance leading to the mother's unavailability may be manifested as: (*a*) excessive passivity; (*b*) incapacity to relate to the child; (*c*) depression and withdrawal; (*d*) excessive dependency; (*e*) hostile feelings toward the child; (*f*) concern over marital conflicts.

2. ***Pica may represent excessive oral gratification resulting from overstimulation by the mother.*** This overstimulation may stem from: (*a*) conscious or unconscious maternal satisfaction in the oral activities and appetites of the child; (*b*) maternal disturbances in impulse control (in mothers who may have patterns of addiction themselves) so that the mother cannot deny the impulse satisfaction in the child; (*c*) the mother's expectation that the child will control the mother's own impulses; (*d*) the mother's handling of any anxiety manifested by her child by offering oral activity.

3. ***Pica may represent aggression directed toward the mother as a continuation or displacement of early conflicts over feeding, especially around introduction of solid foods.***

4. ***Pica may be accentuated or perpetuated by brain damage affecting perceptual and motor development.*** This occurs when: the child uses his mouth as a supplementary sense organ to aid him in compensation for distortions in visual and auditory perception; or the mother fails to recognize or is unable to meet the exaggerated dependency needs of the organically damaged child.

In some families the father does the overstimulating which induces the pica. In others, the father prevents the pica by providing controls when conditions are otherwise conducive to pica.

Corrective approaches to these problems are of course based on differential diagnosis and bringing to bear appropriate measures. Except in the less frequent cases of the severely brain damaged child and where the pica is related to a psychosis or deep neurosis in the child, pica responds well and quickly to treatment of the mother through education or psychotherapy, usually carried out by the pediatrician or a social worker.

Of all the maternal personality syndromes conducive to pica, the one most frequently encountered is the combination of passivity and dependency. Mothers with this as an ingrained character pattern are frequently of low socioeconomic status and are rarely readily available to the treatment staff. Their passivity is so great that they cannot reach out to the clinic teams. Therefore, reaching them with appropriate treatment or education means abandoning our time-honored reliance on having mothers come to our clinic. The staff must go to them. Only if ways are found to meet the dependency needs of such mothers can they in turn meet those of the child.

### *Nutritional Factors*

Many writers have assumed that a nutritional deficiency is the major etiological factor in pica. However, investigators at the Children's Hospital could find no correlation between the occurrence of nutritional deficiencies and of pica.[4] They did find, in repeating experiments originally carried out in the Union of South Africa, that intramuscular injections of iron cleared up pica. However, in a controlled experiment in which some children were given intramuscular injections of saline, the Children's Hospital team found as many children were cured with saline as with iron.

Another controlled study employing a multivitamin-mineral preparation showed this to be only as effective as a placebo in curing pica.[5]

### *Cultural Aspects*

Early in our studies it became apparent that pica in the District of Columbia area is especially prevalent among children whose mothers have pica themselves and among children whose mothers have come from communities where clay eating and starch eating are a part of the cultural pattern. This early impression was borne out by the later controlled studies.[6] In general, mothers who came from communities where clay eating and starch eating were common, or who had engaged in pica as adults, tended to have a tolerant attitude toward pica in their children and some even encouraged it.

Geophagy, or clay eating, has been reported to exist in many parts of the world, particularly among primitive people, and is said to have been known among the North American Indians before the time of Columbus. Today it is still found among some poor people, Negroes and whites, in the southeastern part of the United States. Clay eating was common among the slaves in pre-Civil War days, and may have been a custom they brought from Africa. On the other hand, some Negroes may have eaten clay in those days as a means of attempting suicide. The original significance of geophagy faded.

In order to learn more about the cultural aspects of pica, one of the research investigators held group interviews with 16 mothers of children with pica. The mothers were selected as having come from communities where clay eating occurs or as having had pica themselves.

From these interviews, we learned that in different parts of the South different kinds of clay are eaten. The most popular are red clay and white clay, but yellow, gray, and black clays are also regarded as edible.

Clay for eating is obtained from various sources. In some communities it is dug from a pit; in others it is taken from special places at the side of the road, from around the roots of a tree, or from a mine. Sometimes clay which has been used as mortar is dug out from between the bricks of a chimney or fireplace and eaten, its smoky flavor being considered especially good. In large cities clay for eating may be purchased by the sack, but in rural communities each person digs his or her own clay. Some people eat the clay as it comes from the ground, but many prefer to bake it in the oven until it is hard, then pound it into small pieces and eat it.

In the past clay eating was engaged in by both men and women, but now in the South it is a practice found almost exclusively among women and children. Why the habit has been largely abandoned by men is not clear, but some of the women report the impression that there may be more smoking and drinking among the men than among the women in the areas where clay eating is prevalent.

Some women do their clay eating when alone; others prefer to munch on the clay in the company of friends when they are engaging in some activity together, such as a quilting bee. There is general agreement among our informants that clay is not usually eaten because of hunger, for frequently it is enjoyed right after a meal. Many clay-eating women start the habit in childhood, in imitation of their mothers and grandmothers. Others start during pregnancy. Some of the women interviewed described *cravings* for the clay which they are unable to satisfy with any substitutes.

In this country in most places where clay eating is known, laundry starch also is commonly ingested. Some of the mothers whom we interviewed had never eaten clay but had eaten starch since childhood. Several mothers took up starch eating after moving to the District of Columbia, where their favorite clay was not available. One mother, however, gave up the starch eating in favor of smoking. Some who began starch eating during pregnancy stopped after the baby was born; others continued.

The studies of culturally based clay-eating and starch-eating habits and attitudes of mothers who have been unable to resist the cultural influences suggest that for some children these influences may be important in predisposing the child to develop pica rather than to manifest some other behavior problem. In such cases the model presented by the mother would make it easy for the child to learn these patterns, particularly when the mother's attitude toward pica is one of permissiveness or even one of enjoyment in sharing the habit with the child.

### *As to Prevention*

No matter what the pica-genic characteristics in the child's background, pica in children represents a craving early in life which has many of the dynamic characteristics of the cravings which later in life form the basis for the common addictions. Studies are going on to explore such possible correlations. These might possibly lead to awareness of "addiction prone" families.

At the Children's Hospital the adoption of the routine of inquiring in all history-taking about whether the child ingests nonedible substances and of regarding all pica cases as presumptive lead poisoning has resulted in a 300-percent increase in the diagnosis of lead poisoning, mostly before the usual clinical symptoms have appeared.

What we really need, however, is to apply the concept of primary prevention. This means identifying the types of families that are "pica prone" and, long before symptoms can develop, to apply corrective emotional and sociocultural approaches.

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*In California a delinquency research project experiments with . . .*

# ALTERNATES TO INSTITUTIONALIZATION

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THE California Youth Authority, looking for a new approach to the rehabilitation of confirmed delinquents, is experimenting with an intensive treatment-control program in the community as a substitute for the traditional type of institutionalization. This experiment was established in September of 1961 as a 3-year research and demonstration project, jointly financed by the State of California and the National Institute of Mental Health. Located in the cities of Sacramento and Stockton, it is known as the Community Treatment Project, although its official title is: "Comparative Assessment of Institutional and Community Treatment for Comparable Groups of Youth Authority Wards."

The high rate of recidivism among juvenile offenders testifies to our lack of knowledge of appropriate methods for turning delinquents into nondelinquents with or without the use of institutions.

This fact alone would provide adequate reason for this kind of research project. A more pressing reason in California derives from the tremendous population growth which causes the actual *numbers* of youths committed to the State Youth Authority to increase every month, even though a slight decrease in the *rate* of juvenile delinquency has occurred in recent years. If present trends continue, the number of youths placed in California's already overcrowded correctional institutions will double by 1973. To meet this problem by building new institutions is extremely costly and ignores serious doubts about institutions' rehabilitative potentials.

In the Community Treatment Project, an attempt is being made to compare the effectiveness of a period of intensive treatment in the community with a period of incarceration for similar groups of habitual delinquents. Effectiveness is measured by the youth's parole performance and attitudinal and behavioral changes. A second goal is to develop optimal treatment control plans for defined types of delinquents. The question to be answered is: *What kinds of treatment programs in what kinds of settings are most effective with what kinds of juvenile delinquents?*

In accordance with the research design, cases are being randomly assigned to the community program and to the Youth Authority's regular programs from an eligible pool of boys and girls undergoing their first commitment from the juvenile courts. Seriously assaultive cases are excluded from the eligible pool. To date, 96 percent of the girls and 72 percent of the boys having first commitments have been found eligible. Their average age is 16, with a range of from 10 to 18 years. Except for the excluded cases, the eligible group is comparable to juve-

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nile court commitments statewide on such factors as commitment offense, prior delinquency, racial composition, intelligence, family characteristics, school adjustment, and academic achievement.

The community agents have a wide variety of academic backgrounds and treatment skills. This provides a range of available treatments from which to prescribe for a specific case. One case, for example, may require, singly or in combination, individual counseling, psychotherapy, family therapy, guided group interaction, activity group, surveillance and firm discipline, or foster home placement. Cases are discussed intensively by a staff group prior to admission to the project and at 3-month intervals thereafter. Case conferences are attended by a member of the research team and the treatment supervisor, as well as the assigned agent. Each agent carries a caseload of eight cases for intensive treatment. This is defined as two to five contacts weekly and may involve partial or full-day programing for the youth.

To treat in the community delinquents who have been adjudged by county officials as unsuitable for further handling in the existing community programs is obviously a serious undertaking. None of the Community Treatment Project's program elements are in themselves new concepts. Probation and parole departments everywhere use some or all of the treatment methods. Some experimental programs have even approached this degree of treatment intensity without improved success rates. Because intensive treatment by competent personnel does not of itself guarantee results that differ significantly from those of routine, nonintensive programs, it was assumed that the project must include something more than good intentions, skilled workers, and small caseloads. Therefore, the project has been organized around a typological approach, growing out of a theory of delinquency and providing a method of classification which prescribes effective treatment.

Two important theoretical assumptions underline this approach to treatment and control of delinquents: (1) delinquents are not all alike; and (2) delinquents can be grouped meaningfully into types having clear-cut implications for the kind of treatment required. These assumptions guard against the mistake of administering the same kind of treatment to all or, on the other hand, of attempting to define an infinite variety of treatments to fit the uniqueness of each case.

The typology used in this project includes nine subtypes of delinquents, classified according to interpersonal maturity level and typical mode of interaction with the world.[1] The nine subtypes fall into three larger groupings along a developmental continuum of social maturity,[2] called low, middle, and high maturity delinquents, with each large group calling for grossly different approaches to treatment and control. Treatment methods regarded as appropriate for youths in subtypes of one class would be considered highly inappropriate for those in subtypes of the other two classes.

In the absence of a full delineation of the differential treatment theory upon which the typology is based, the case examples in this article are cited primarily to illustrate the point that delinquents are different and can be classified according to their treatment needs. Theoretical conclusions drawn from only three examples would be overgeneralizations of the nine-type system.

### *Differential Treatment*

The three broad classifications in the project are:

1. **Low-Maturity Cases.** The youth in this classification is extremely immature and dependent. His relationships with others are focused on whether they give to him or deny him. The whole world centers on his needs, which are of the "bottomless pit" variety. He feels no guilt but his existence produces a sense of guilt in others. He behaves impulsively and destructively. When frustrated, he may appear openly hostile or simply resentful. In either case, he appears disorganized, unsocialized, and maladaptive. The community sees him as helpless, hapless, and hopeless, but not necessarily criminalistic. Far from being a dedicated delinquent, he blunders into delinquencies or is used by others.

The early histories of the low-maturity delinquents show them to be victims of neglect and often brutality. Their lives have been filled with fear and devoid of the love and approval which lead to socialization. In addition to irresponsible, hostile, and rejecting parents, they typically have come into contact with a variety of foster parents, sandwiched between detention in a variety of juvenile halls. They feel buffeted about by an arbitrary, unpredictable world.

Treatment goals formulated for this type of delinquent include: reducing the pressure of asocial drives; developing some degree of conformity by strengthening self-controls; reducing the sense of isolation and rejection through a warm, supportive relationship; and protecting the child from being

made a scapegoat. An extremely tolerant foster or group home is essential and a large part of the community agent's job is lending support to the foster parents.

The agent's treatment role with the youth is to represent an omnipresent generalized adult (rather than someone insisting on a close relationship) who controls with patience and kindliness. The agent offers warm support in going through daily life experiences with the child. Insight therapy is not appropriate.

Since the low-maturity youth wreaks havoc in school and on a job, the agent spends considerable time interpreting his behavior to others and suggesting control techniques. The agent himself needs much support in having to deal with the frustrations he meets in working with this kind of child.

Randy came to the Youth Authority 15 months ago at age 13 after experiencing failure in the last of his nine foster homes. Previous foster parents and school personnel described him as impulsive, belligerent, lonely, demanding, disruptive, agitating, needling, and bullying. His father deserted the family when Randy was born. His mother left him in the care of the hospital officials who presided at his birth. Subsequently, she gave him up for adoption but this never materialized. She is now in jail on prostitution charges.

The essence of the treatment plan for Randy has been the permanent foster home as a reconstituted family. His community agent placed him with an unusual middle-aged couple who are warm, affectionate, and active. Both foster parents have been accepting and protective toward Randy. Their early demands on him were simple and concrete. Gradually, they have insisted on greater conformity but have continued to have considerable tolerance for his outbursts, withdrawals, and demands. They have given him their interest and attention and have rewarded his attempts at self-responsibility. Apparently able to look past the chaos he creates to the unhappiness he has experienced, they have encouraged him to think of their home as his own and of himself as their son. Although no legal adoption is contemplated, Randy insists on using the foster parents' last name as his own.

The community agent spends some time with Randy every day in the home and in the school, and brings him to the project center twice a week for supplemental tutoring. Three times a week Randy participates with other low-maturity delinquents in an activity group in order to develop some ability to relate to his peers.

To date, project procedures have been successful in preventing serious delinquent acts in the low-maturity group. However, caution in evaluation is appropriate if permanent personality change is the measure of success. True, Randy's most serious offense in the past 15 months has been the theft of a candy bar; and for the first time in his life he has successfully completed a year of school without being expelled. He is better behaved and better able to predict the reactions of others. To some extent he is now aware of what others are trying to do for him, and has achieved some feeling of belongingness. However, time and energy investment from the foster parents and the project have been tremendous, and the effect of removing some of this support remains unknown. There is the strong possibility that Randy will never make more than a marginal adjustment. Yet, lifelong marginality must be preferable to a lifetime of institutionalization.

2. **Middle-Maturity Cases.** The delinquent in this classification operates by applying formulas in order to get what he wants. In contrast to the low-maturity case, he is aware that his own behavior has something to do with whether or not he gets what he wants. He gives the impression of being satisfied with his way of living, denying any disturbing feelings or problems. He does not see why he should change. He regrets being caught, but expects to be smarter the next time.

This type of youth perceives the world on a power dimension. His first questions in any new situation are: "What are the rules and who has the power?" Once he gets this information, he may either react to the power structure in terms of compliance, attempting to appease the power figures by conforming to their expectations; or fight against the power structure, trying in obvious and subtle ways to escape its control. In either case, he usually appears relatively well integrated and at ease except in new situations where the power structure is as yet unclear to him.

This youth usually has a surface facade of intense delinquent loyalties; however, in a crisis he behaves, not on the basis of some inner value system, but rather on the basis of whatever external code of the moment has the support of power behind it. His interpersonal relationships are superficial and short lived. He "knows everyone," but is allergic to close relationships.

In early contacts, the middle-maturity delinquent clings to the myth of the ideal family. Father is "hardworking"; mother is "just what a mother should be"; there are no family problems. A further look at his family, however, reveals a group of emotionally impoverished individuals, living together with little close feeling for each other. They may be unified only in a common distrust of the community and its agencies. The family is typically mother dominated, with the mother wrapped up in her own needs and having little to give the children.

The father role may be vacant or filled by an incapacitated or transient person. The parents' attitudes toward the child are negative and depreciating.

The emotional deprivation in the early life of the middle-maturity delinquent has apparently been less severe than in the life of the low-maturity youth. The rejection of the child by his parents has been more subtle (either less obvious to the child or of the double-bind, or ambivalent, variety). The underlying rejection of each other by the family members, combined with surface verbalizations of acceptance, support, and cohesiveness, has led to one of the most characteristic symptoms of this middle-maturity group—a lack of social perceptiveness in predicting the behavior and responses of others. This delinquent is extremely distrustful of adults and appears to have given up relating to them except on a formula basis. He turns instead to his peers to set the standards for his behavior.

The combination of distrust and relative integration in this type of delinquent makes him impossible to reach with traditional therapy techniques. The usual way of dealing with him is merely to contain him. This, of course, is easy in an institution and difficult in the community.

Project treatment goals for middle-maturity cases include: increasing social perceptiveness so that the child will be better able to predict the behavior and response of others; decreasing the delinquency orientation; and increasing genuine ability to relate to others. The approaches to these goals proceed through three stages: (1) control of overt behavior; (2) obtaining a commitment to nondelinquent attitudes; and (3) training in social perception.

In the first stage, the task of the community agent is to set up a control surveillance system, using school, parents, law enforcement agents, natural peer group, and project treatment peer group. Violation of rules must be immediately followed by intervention. During this stage the agent presents himself as an absolute, arbitrary power, ruthlessly pursuing even trivial violations. But *power* is not enough. The agent must feel, but not openly express, a great deal of warmth and concern for the youth.

In the second stage, the focus becomes an attitude commitment—not *how* you are *behaving* but what kind of *person* you are. The task is one of putting the youth in a corner where he has to make an all-out commitment for or against delinquency. (As one boy said when he finally heard the demand, "You want me to turn in my union card to the hoods and the thieves!") Once the youth has decided that he wants to be like the people in the community who stay out of trouble for reasons other than a simple fear of jail, the third stage of treatment begins. This is a long and difficult training in social perception to help the young person see that everyone else does not think and feel the same way he does. It focuses on helping him to see the differences in people's motives and attitudes, so that he will be able to play more appropriate social roles and be better able to predict the responses of others.

A large part of the treatment in all three stages takes place in guided group interaction sessions with other middle-maturity youths. This group procedure emphasizes current interpersonal interactions and utilizes peer pressures to control behavior and change attitudes.[3] It also provides the youth with a laboratory for learning how to size up others and to respond appropriately.

Middle-maturity delinquents in the project are placed in their own homes, if the parents are able, with encouragement and reeducation, to impose clear external controls. As a minimum, the parents are required to report all violations of the rules to the community agent. If the parents cannot meet even this requirement, the youth is placed for temporary care in a foster home. Meanwhile, the agent may continue to work with his parents, teaching them to set behavioral limits. Formal family group therapy,[4, 5] sometimes used in the project, has not succeeded in changing patterns of communication and interaction in families of middle-maturity delinquents. However, the treatment has sometimes helped the youth to perceive more realistically his parents' inability to be concerned about him.

**Dick, age 13, was committed to the Youth Authority for burglary. He had a previous record of numerous burglaries, bike thefts, shoplifting, assault, and failure to obey police officers. A restless boy, he was easily led by peers, insolent toward adults, suspicious, and lacking in remorse, and frequently played the role of buffoon. He is the fifth of 10 children, fathered by at least 6 different men, in a family described as dependent, delinquent, and immoral. An older brother is in prison for robbery and attempted murder.**

**Dick was placed in his own home because the mother, although preoccupied with her own life, was willing to support the project controls. He was assigned to a peer group for guided group interaction 3 days a week. His agent made firm, immediate demands upon him for good behavior, and asked the school to report misbehavior. Surveillance provided through the mother, the peer group, the school, and the agent made undetected misconduct almost impossible. Dick was held to account for even trivial incidents. Short periods of confinement in the reception center were used when necessary to enforce controls.**

**Within the first 4 months, Dick began to realize that someone**

finally cared enough about him to make him behave. While providing rigid controls, the agent gave him open approval for good behavior, and concentrated, through the group, on obtaining and reinforcing a commitment from Dick to nondelinquency as a way of life.

Dick has been in the project for 16 months. During the past year, he has gradually assumed a constructive role in the group and has dispensed with destructive clowning. He apparently enjoys identifying the problems of new group members and turning them away from delinquency. Although he still does not have a strong internalized value system, his social perceptiveness has improved noticeably. Marked changes in Dick's attitude and behavior are obvious to all those who know him.

The project has been very successful in controlling the behavior of its middle-maturity delinquents in the community. With many, the second step of dealing with attitudes and commitments has been reached. In regard to a few, project staff feel confident that internal changes in the direction of greater maturity are beginning to occur.

3. **High-Maturity Cases.** The third large grouping includes the most socially mature cases in the delinquent population. A youth functioning at this level has internalized a set of standards by which he judges his own and others' behavior. He is concerned about status and is strongly influenced by people he admires. He shows some ability to understand reasons for behavior, some ability to think about the future in realistic ways, and some ability to relate to people emotionally and on a long-term basis. The delinquency of most such youths may be regarded as the acting out of an internal conflict, a parental conflict, or a family crisis. The youth is often depressed or guilty about his delinquencies, and feels a need to become a better person.

Some high-maturity delinquents are overtly neurotic and present the same kinds of anxiety symptoms found in the patients of mental hygiene clinics. Others, although neurotic, conceal their symptoms and attempt to avoid anxiety by delinquent action. Still others, basically non-neurotic, have reacted delinquently to emotional crises which have overtaxed their normal coping ability. In addition, a few high-maturity delinquents, labeled in the project as "cultural identifiers," present no personal or family pathology, but have identification models which are at odds with the larger culture. This group represents such a small proportion of project cases that their treatment will not be described here.

Although the proportion of intact, harmonious families among high-maturity delinquents is not higher than among middle-maturity cases, the families of the former generally appear much more concerned about their delinquent child and more adequate in fulfilling parental roles. Family problems found in this group include: criminal, alcoholic, or underachieving fathers; guilt-ridden, seductive, or promiscuous mothers. In most cases, the family problem has led to an identification difficulty for the youth. For example, the child may have identified with a deviant parent or may not have been able to identify with the appropriate parent because the parent was missing or inadequate as a model.

The treatment goals which have been formulated for these high-maturity cases include: identifying the conflict which led to the delinquency and helping the youth toward a solution; helping the youth with his identity problem and strengthening his internalized value system; and creating a situation for maximum use of potentialities.

The treatment approach used differs from approaches used with the delinquents of lower maturity primarily in being internally oriented. The agent's role is to establish quickly a close personal relationship between himself and the youth. Although external controls are sometimes necessary, they are defined as a means of establishing a genuine treatment contract with the youngster. The agent's demands for nondelinquency may range from being firm and forceful to being relatively nondirective, but they are never arbitrary.

Group therapy (rather than guided group interaction) is used as a means of helping the high maturity delinquents to develop insight into their problems and to improve relationships with others. In some cases the treatment group is a peer group; in others the youth and his family. Family group therapy has been most successful in cases in which the delinquency has been a method of drawing attention away from a conflict within the family constellation. With other cases the central problem may be family related, but cannot be resolved through family therapy either because a crucial family member is absent or will not participate.

Paul was committed to the Youth Authority for auto theft shortly after his 16th birthday. He had had eight arrests over a 5-year period, for drunkenness, malicious mischief, and property thefts. In his impoverished neighborhood, he had achieved considerable status through delinquency, but did not seem to enjoy this role. At school he sought status through track competition.

The second of nine children, Paul was usually described as a "normal but quiet" boy. When Paul was 8, his father went to prison for heroin addiction and passing bad checks. An openly promiscuous man, he has been in and out of the home

since, but at the time of Paul's arrest was missing. Yet Paul describes his father as a strict, authoritarian man who has a good understanding of teenage boys. Paul's mother is a lethargic woman who gives much affection to her smaller children, but seems to become insensitive to them as they grow older. The home apparently provided enough early strength to allow for some emotional maturation in Paul, but did not provide an adequate identification figure during his adolescent years.

Project staff interpreted Paul's behavior as resulting from his inability to tolerate the anxiety generated in his identity struggle. He escaped from this by throwing himself into athletic endeavors, by developing psychosomatic illnesses, and by delinquent behavior. To prevent further acting out, the agent saw Paul frequently in the beginning of their contact, capitalizing on the boy's perception of him as firm and controlling like the father. At the same time the agent attempted to reduce Paul's anxiety through formal individual therapy sessions. However, the formality created so much further anxiety in Paul that he was unable to discuss his problems. The agent switched to spending time with Paul informally in such activities as just riding around, taking walks, or visiting the zoo. At such times Paul was able to bring up serious problems spontaneously, and when he was placed in a therapy group of his peers, he became one of the better participants.

Paul has now completed a year in the project with no known delinquencies except for one instance of truancy. Although the agent provided external controls initially, his chief aim has been to help Paul increase his own controls and handle anxiety as it develops. He has been supportive to Paul in handling his problems at home and at school. Paul seems to regard the agent as a friend and a counselor in time of need. While differences in background may prevent a true identification, a treatment relationship has been developed which may be sufficient to help Paul complete his identity struggle without further delinquency and self-defeat.

In general, the project is doing rather well with the high-maturity group. However, some of the project's early failures were with high-maturity, neurotic, acting-out delinquents. The early difficulties seem to have been related to the agents' over dependence on psychological, and neglect of external, controls.

### *Implications of the Program*

In the year and a half the project has been operating, 75 boys and girls have entered the community program and 144 comparable youths from the same geographical areas have gone into the Youth Authority's regular programs. The average length of time cases have been carried in the community program is 10 months. Ten boys and one girl have been removed from the project and sent to institutions, because they either committed further law violations or failed to adjust to project demands. A majority of the community-treated delinquents are still under intensive surveillance, so that a comparison with usual parole success rates is not yet appropriate. Program effectiveness can best be measured after more community-treated cases are moved into minimum supervision and a comparable group of institution-treated cases are placed on parole.

Nevertheless, it is already apparent that intensive community treatment, as a substitute for institutionalization, is feasible. At the beginning of the project, law enforcement agencies and other community groups expressed skepticism about the way confirmed delinquents would respond to a program that appeared to be giving them "one more break." By now, the community realizes that tight controls are exerted over cases and serious attempts are made to bring about permanent changes in the youths and their families. As a result, there is increasing acceptance of the project.

If the costs of the Community Treatment Project are compared with a typical field operation, such as probation or parole, they are indeed high. If, however, the costs are compared with the usual institutional program, they are low. The State will be in a position to realize substantial savings in both operative and construction costs if the project is successful.

However, a financial saving is not the most important gain to society if something more is learned about which young lawbreakers must actually be removed from that community in order to control their behavior and which can be controlled and readjusted in an intensive treatment program in the community. If, in addition, a model can be built which prescribes appropriate treatment strategies for defined kinds of delinquents in either setting, an important step will have been taken toward reducing the amount of waste and frustration involved in wholesale, broadside attacks upon the delinquency problem.

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*An essay review . . .*

# THE WORLD STANDS OUT

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*THE world stands out on either side,*[1] and children move out to encounter it in its full dimensions, charting for themselves highly individualized "paths toward mastery." The process by which they do so, always coping with opportunities and challenges, threats and disappointments, is beautifully dealt with by Lois Barclay Murphy and her colleagues at the Menninger Foundation in their new book, "The Widening World of Childhood—Paths Toward Mastery."* It must occasionally seem that nothing short of the spectacular or bizarre has appeal as a topic of investigation in the field of child development. But here is a project which grew out of the investigators' belief that "the ways in which triumph can be achieved both in the large and in the small, the ways in which human beings handle new demands, everyday problems and difficulties, need to be studied in their own right."

This concern with adaptations to routine as well as to dramatic events, made by essentially normal children, is exemplified by the unofficial title of the study on which the book is based—the Coping Project. The report provides a natural history of coping behavior in 32 preschool children; it does not purport to establish the etiology of the various coping patterns observed. Although the authors assert that the study is "nonnormative," the material might be interpreted as illustrative of the range of normal coping patterns to be found in a carefully defined, relatively homogeneous subpopulation.

The methods employed in the study—tests, interviews, play sessions, projective techniques—are not unusual, but all are exploited with maximum creativity and conceptual clarity. For example, instead of being used to measure intellectual level, the intelligence test is used to discover the child's coping techniques in a mildly stressful situation. Similarly, in their observations of social interaction, the investigators avoid the usual concern with the "typical" or "representative" and choose as their laboratory a completely strange situation—a party at the Murphy home—on the assumption that a child is most uniquely himself when faced with newness.

The use of varied methods of study, while adding to the richness of the data, can create problems in interpretation. One is the problem of establishing a hierarchy of confidence should data from different sources be in conflict. In this project, the 30-plus hours of observation on each child are apparently regarded as the ultimate reference source against which data from other channels are appraised. One consequence of this is the emergence of a picture of early childhood characterized by an impressively accurate reality perception rather than by an egocentric, animistic, or fantasy-dominated orientation. Whether under the stress of the strange or difficult or in familiar surroundings, most of the children studied engaged in appropriate reality testing, protected their autonomy by an assortment of effective maneuvers, and exhibited little need to distort reality in the process.

Again to paraphrase Edna St. Vincent Millay, the world of childhood stands out on either side, no wider than the research techniques are wide. Stage a session to elicit aggression and you will have little difficulty getting hostile behavior; arrange conditions differently and you may get a picture of hypertrophied maternal dependency. But arrange your research conditions in such a way as to permit a wide range of behaviors to appear, and you can demonstrate the full breadth of the young child's world.

The theory of personality which underlies the project is a special blend of approximately equal parts of Gardner Murphy and neo-Freudian psychoanalysis, with a dash of Gesell tossed in for extra pungency. The emphasis upon drive patterns is Gardner Murphy; the close alliance of coping techniques and defense mechanisms is psychoanalysis; and the faith in the regulating principles inherent in every personality is Arnold Gesell. The persistence of individual coping patterns in the face of varied patterns of environmental reaction is reminiscent of Gesell's principle of self-regulation of function. Likewise, the interplay between progression and temporary regression as the child moves toward mastery is rem-

*Murphy, Lois Barclay, and Associates: The Widening World of Childhood—Paths Toward Mastery. Basic Books, New York. 1962. 399 pp. $10.

iniscent of Gesell's principle of reciprocal interweaving. For example, " 'Learning a new skill' or learning to conquer fear usually involved an interaction between resistance to the progressive step and active effort to move ahead."

### *The Approach*

In the planned sequence of reports, several of which are now in process, the staff of the Coping Project has chosen to present first the descriptive material about the children rather than data concerned with how the coping styles developed. Thus the present book does not include such intriguing information as the influence of maternal behavior and attitudes in shaping the children's different response patterns. While such a mode of presentation is entirely acceptable, it robs the material of its longitudinal flavor and makes this report essentially cross-sectional. To this reviewer it seems unfortunate to divorce antecedent and even transitory consequents. In their attention to the influence of constitutional attributes—activity, sensory sensitivity, autonomic reactivity—the investigators are, of course, showing some concern for the antecedents of contemporary coping styles; but in the present report such topics receive scant attention. In the authors' own words, "Our first step is the description of what the children themselves did, and their ways of meeting the situations they confronted."

One important consequence of this approach is that it helps to avoid an unnatural fragmentation of the developing child into his motor, cognitive, and affective aspects. The coping process includes coordination of all these aspects of the child's personal resources, as well as the facilitative or inhibitory impact of his interpersonal environment. The infant will utilize them all in maintaining a level of stimulus input which he can handle; similarly, a 3-year-old will cope with a powerful fear through resources drawn from them all. Thus the concept of coping is an integrative one and so should be useful to persons interested in many other aspects of the developmental process.

One encounters the word "coping" as an adjective in the service of a variety of nouns, all with apparently slightly different shades of meaning—coping techniques, coping devices, coping processes, coping strategies, and so forth. Coping devices (such as familiarization and orientation, expending effort and accepting help, employing various defense mechanisms, using escape, avoidance, and negativism) provide the building blocks for the more integrative aspects of maintaining autonomy and gaining mastery. The total coping process is, however, a matter of strategy, of flexible utilization of different devices for dealing with environmental and internal challenges. Say the authors:

> When we say that coping is a synthesizing or integrative concept, and that it deals not only with techniques but with *strategy*, we are emphasizing the role of a function, the way in which a child uses a tendency (to focus on details versus ignoring details, etc.). While coping methods use such resources as alert perception, a reservoir of memories, and so forth, as well as defense mechanisms such as denial and repression, we are also concerned with the nuances, or modulation, or flexibility and adroitness with which these resources are organized and used. We look at the sequelae of specific coping operations and the new coping devices to which they lead.

In spite of such occasional efforts at distinctions in usages, most readers would probably like a more explicit designation of the range of behaviors regarded as coping devices.

A similar problem has to do with the fact that the relationship between a coping technique and a defense mechanism is insufficiently delineated in the authors' exposition. The concept of coping actually subsumes the concept of defense mechanism. For example:

> Coping thus includes not only the more elementary situation-oriented devices but also all of the complex ways in which the child deals with reality as he sees it; defense mechanisms which temporarily deny reality, evade it, distort it, or set barriers against it are involved in coping when direct efforts to handle reality are not possible, or fail.

This hierarchical arrangement makes it difficult to tell when certain patterns of behavior cease being coping techniques and become defense mechanisms. Insofar as they help the child to regulate tension (either by decrease or increase), coping techniques can be said to function as mechanisms of defense, yet perhaps not as "defense mechanisms" as the term is used clinically. Apparently the major distinction has to do with the degree of visibility of successive steps in the defensive process. When the stages are external and obvious, the child is coping; if the intervening step are bypassed, the child is defending.

The authors state that only a minority of the children in the study came through the first 2 to 3 years of life with all of their coping resources intact. Presumably, then, the reduction in variety of coping resources leads to increased utilization of defense mechanisms. Yet, even so, such mechanisms are envisioned as subserving the child's adjustive capacity:

> By the age of 2 to 4 years, all of the children in our study group had already developed a repertoire of . . . defense mechanisms which played their part in the total resources of coping used by each child. . . . Furthermore, the most normal and happy of our group of children drew upon defense mechanisms as part of their total strategy for coping, with considerable flexibility and with changing emphases over the period during which we observed them.
>
> . . . As we follow the development of such efforts to master fears and other stresses on the part of our children, we are struck by the flexibility with which they used defense mechanisms along with overt defensive maneuvers as part of the total coping strategy. This flexibility includes the capacity to use different ones together, when they are needed.

Thus the important distinction appears: the defense mechanism becomes an instrument of pathology, rather than an aspect of the total coping strategy, only when it lulls the child away from its goal of active mastery and into a role of stress containment—i.e., defense. In this context, it would have been helpful if cases which gave evidence of not quite succeeding in this effort had been included in order to permit an analysis of environmental and constitutional factors which might occasionally foster this capitulation to passivity and defense. Occasional straying off "paths toward mastery" can and does occur.

### *A Structural Flaw*

For this reviewer the structure of the book has only one significant flaw—a disproportionate reliance upon narrative in reporting the study's results. For example, take the following tantalizing sentence, unadorned by figures:

> Correlation coefficients suggested that the boy who could be most realistic or objective in regard to real limits was also more cooperative toward authority demands, more able to utilize or demand help, more adequate motorically, more able to express his own needs independently, and more quickly oriented, tended to be slightly older and was relatively free of tension.

Failure to include the correlations,

together with more information about the ways of measuring "cooperative toward authority demands" and "relatively free of tension," is lamentable. A few sample correlations out of a gigantic 640 by 640 matrix are reported in an appendix, but the rationale for their selection is not given. Other reports more concerned with methodology and with the statistical analysis are apparently in preparation. However, in this reviewer's opinion, details of methodology, data analyses, and interpretive comments should remain contiguous conceptually and physically.

One cannot comment on this book without paying tribute to its literary charm. Not only Dr. Murphy, well known for her ability to make scientific materials lively and interesting, but also the entire corps of observers and reporters are in possession of unusual literary talents which deserve special commendation. "The Widening World of Childhood—Paths Toward Mastery" is not likely to have a narrowing group of readers for years to come.

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# IN THE JOURNALS

## *Catchup Growth*

Children whose growth has been slowed up by illness grow at an accelerated rate after the illness has gone, possibly until the child has caught up with his normal growth curve, according to an article in the May 1963 issue of the *Journal of Pediatrics* by three pediatricians, in Switzerland, England, and Germany. (Catch-Up Growth Following Illness or Starvation," by A. Prader, J. M. Tanner, and G. A. von Harnack.) Through five examples of retarded growth, the article illustrates the velocity of the "catchup" phase—sometimes four times the average rate for the child's chronological age or three times, for his skeletal age—and discusses the mechanism of the catch-up phenomenon.

## *Psychosis and Childbirth*

First admissions to all mental hospitals in Massachusetts during 1950 were used as an index of the incidence of mental disease among childbearing and non-childbearing married women in the general population in a study reported in the *New England Journal of Medicine* for May 30, 1963. "Childbearing women" were within 280 days of childbirth—either before or after delivery—while the "non-childbearing women" were not, although they had borne children in the past. ("Rates of Mental Disease Related to Childbearing," by Thomas F. Pugh, M.D., and others.)

Rates of admission for psychotic disorders were higher among the childbearing than the non-childbearing population, but rates for other mental disorders did not differ. Of the psychoses diagnosed in the childbearing-women, the manic depressive psychoses were significantly in excess. A deficit of admissions of pregnant women was insufficient to account completely for the excess of women with psychoses admitted during the first 3 months' post partum. The annual added risk of first admission for psychosis due to forces operating in the first 6 weeks of the post partum period was estimated to be 3 to 3.6 per 1,000 women in that stage of the puerperium.

## *Pastels in Pediatrics*

A giggling, laughing, 2-year-old girl, admitted to a hospital pediatric unit by a nurse in a light-blue dress, suddenly ran wailing to her mother when a nurse in a white uniform entered the room. This and parallel observations made in a Florida teaching hospital on the effect of nurses wearing pastel dresses instead of white uniforms when caring for hospitalized children are reported in the May 1963 issue of *Nursing Outlook*. ("Pastels in Pediatrics," by Carol E. Bradshaw and Nancy Chen Cheng.) Reactions among a sample of 100 pediatric patients randomly selected from newborn to 15 years were recorded by two nurses alternating in pastel and white uniforms.

They report a shortened period of adjustment to the hospital environment for the newly admitted child served by a nurse who was in a pastel color uniform, and the most striking contrast in reactions—favorable to colors, unfavorable to white—among children of 9 months to 4 or 5 years. School children showed mixed reactions, some implying that the nurse lost status in the children's eyes, some making such remarks as "I like your pretty dresses . . . children are afraid of white you know." Nurses were three to one in favor of the change.

## *Decisions for the Child*

Referring to those psychologically lost children who keep turning up in child welfare caseloads, Florence Silverblatt, director of social services for the Philadelphia Department of Public Welfare, asks, in an article appearing in the May 1963 issue of *Child Welfare*, whether the broad bases of child welfare—preserving family ties and strengthening family life—are being incorporated in today's social work practice on behalf of children. ("The Child Welfare Agency's Services to Own Parents.")

Calling for a relook at services to parents of children in placement, the author reminds the reader that it is up to the child welfare agency to evaluate parental potential in deciding which families should be helped to keep their children at home and which should be encouraged to place them. She underlines the value of timely dealing with parents when they need the agency's help most critically, "not after years of destructive interaction," and of sensitivity to what parents are saying about their parenthood when they ask for help. The article discusses help to parents toward family reunion, concluding in essence that professional services devoted to the development of emotionally healthy children must be geared to uncovering and nurturing parents' capacities, and also to taking responsibility for "removing the parent" when this is to the child's best interest.

# BOOK NOTES

TEEN-AGE TYRANNY. Grace Hechinger and Fred M. Hechinger. William Morrow and Co., Inc., New York. 1963. 259 pp. $4.50.

Based on recent scholarly studies of adolescent social patterns as well as a survey of relevant mass media, this book presents a critical analysis of the values and typical behavior of middle-class American youth.

The authors, an education editor of the New York *Times* and a freelance writer, are particularly concerned with moral and ethical implications of the evolving patterns of adolescent leisure time activities, academic pursuits, and attitudes toward possessions and the privileges of an affluent society.

The chapters include discussions of dating behavior and early marriage, smoking and drinking, advice books, buying habits of adolescents, and the influence of TV. The final chapter presents a series of specific proposals for dealing with some of the problems identified in earlier chapters. The authors state that "the fault is not with youth; the errors are those of adult society." The implications of this viewpoint are explored in the concluding sections of the book.

PREVENTIVE PEDIATRICS: child health and development. Paul A. Harper, M.D. Appleton-Century-Crofts, division of Meredith Publishing Co., New York. 1962. 798 pp. $14.95.

This textbook and reference work on child health supervision was written primarily for "those concerned with understanding and giving advice about growth and behavior," including "private practitioners who care for children and public health workers who are responsible for . . . programs for children and their families." The author is professor of maternal and child health at the School of Hygiene and Public Health; and associate professor of pediatrics at the School of Medicine, Johns Hopkins University.

The first of the book's 12 chapters focuses on "predictable problems of growth and behavior," discussing such subjects as sleep, bladder control, truth and fantasy, fear and anxiety, independence and rebellion, and emotional adjustment to a physical or a mental handicap. It is followed by chapters on patterns of growth and development, selected topics in developmental physiology, nutrition, immunization and the communicable diseases, mental retardation, and other handicaps.

There are also chapters examining a number of aspects of health services which are, or which the author says should be, available to children. Other chapters venture into areas that overlap medicine and education, such as reading disability, and into social problems, such as juvenile delinquency, illegitimacy, and adoption, which the author points out "illustrate beautifully the close relationship of medicine, law, psychology, and social work."

REGIONALIZATION AND RURAL HEALTH CARE. Walter J. McNerney and Donald C. Riedel. The University of Michigan, Ann Arbor. 1962. 209 pp. $5.

An experience in the regionalization of health services in northern Michigan—an effort to pool and coordinate the health services of rural areas, through use of a regional hospital as the core—is scrutinized in this book. Written by specialists in medical and hospital administration, the book opens with a discussion of the need for regional systems of health care, the origins of the regionalization concept in the forties, its slow growth, and its expected byproducts in enhanced efficiency in the use of resources and improved standards of care, especially in rural areas.

The program described in the book was financed largely by the W. K. Kellogg Foundation and was carried out through two 3-year compacts, involving a total of three health centers and two nearby regional hospitals. Seven chapters of the book discuss the operation of the health centers, the extent of regional relationships, community and staff attitudes toward regional affiliation, and the use of the health centers in the three communities, among other subjects. A final chapter summarizes and evaluates the findings and considers their implications.

The authors conclude that in the program studied "regionalization, with its signed agreements, remained, on the whole, a paper achievement." Among the reasons: The programs were sometimes wanting in contractual flexibility, in professional acceptance of community physicians by regional hospital staffs, in involvement of administrative board members, and in public information about regionalization. The authors support their material with charts, tables, and appendices.

SIX CULTURES: studies of child rearing. Beatrice B. Whiting, editor. John Wiley & Sons, New York. 1963. 1,017 pp. $12.50.

Is the Mixtecan child of Mexico, who is constantly carried close to his mother's body, likely to be a more sociable and trusting adult than the Nyansongo child, who is tended less consistently by a preadolescent sibling? The illumination of this and other areas in the pattern of relationships between child rearing and consequent personality was the goal of collaborative research in 1954 by six teams of social scientists from Cornell, Harvard, and Yale Universities—the fruit of which is collected in this book.

Introduced as a reservoir of material relevant to certain "culture-personality" hypothesis which will be tested later on the basis of these and subsequent studies, the volume is organized into six monographs, each probing into the life and ways of a single community in a specific culture—in Kenya, India, Okinawa, Mexico, the Philippines, and the United States—with focus on child rearing practices. Each monograph first reviews the ethnographic background of the community, including social organization, social controls, and education, before presenting observations on child training.

All the monographs reflect roughly the same study design, concentrating on 24 mothers and 24 children aged 3 to 10, particularly in relation to patterns of "succorance" (asking for help), nurturance, self-reliance, obedience, achievement, responsibility, dominance, sociability, and aggression.

These patterns are related to cross-cultural as well as intracultural currents and to age and sex differences that might be universal.

CAUSAL THINKING IN THE CHILD: a genetic and experimental approach. Monique Laurendeau and Adrien Pinard. Preface by Jean Piaget. International Universities Press, New York. 1963. $7.50.

What a child thinks about life, dreams, the movement of clouds, the origins of night, and the floating and sinking of objects was explored by the authors, who are associated with the University of Montreal, for clues to the validity of the stages of mental development in children and their sequence as outlined by Jean Piaget in his theory of causality. Their investigation was carried out in a longitudinal study, part of a project designed to evolve a new scale of intellectual development which they hope will be "better adapted to the prevailing concepts of the nature of intelligence."

The authors review briefly in the first of the book's 13 chapters some of Piaget's forms of causality which the book designates as "precausal" or "primitive." These forms are: phenomenism ("night is the gathering up of many shadows," or "the desire to sleep brings on the night"); finalism ("clouds move in order to carry rain"); artificialism ("men dug rivers and lakes in order to move about"); animism ("clouds know they are moving"); and dynamism ("clouds may choose their own course"). They then analyze and challenge evidence of other investigations into children's mental development which appears to refute Piaget's concept of developmental stages.

Subsequent chapters describe the longitudinal study sample—500 children, ages 4 to 12; study methods; the questionnaires (derived from those developed by Piaget); and the findings. These confirm, according to the authors, the fact that primitive beliefs of causality (generally as described by Piaget) do exist and, in fact, are preponderant among children. Causal or more objective interpretations are progressively substituted for these primitive beliefs, as children pass gradually from the egocentrism of early childhood to adult objectivity.

# International Publications

THE NEEDS OF CHILDREN: a survey of the needs of children in the developing countries. Georges Sicault, editor. Published for the United Nations Children's Fund. The Free Press of Glencoe, New York. 1963. 175 pp. $3.95 (cloth); $1.95 (paper).

"Often clad in rags, the majority of children in the less developed countries wander barefooted over disease-infested ground." Through such word-pictures of extreme want, the nature and dimensions of the most pressing needs of the world's children unfold in this handbook for economic and social planners in developing countries. The book is a distillation and blend of material from reports of and to the United Nations Children's Fund (UNICEF).

The first part of the volume, a review by UNICEF, suggests some methods of setting up priorities for breaking the "vicious circle" of poverty, disease, hunger, and ignorance, presenting indicators for measuring the status of health, education, nutrition, and social welfare both in rural areas and areas of "runaway urbanization."

The book's second part is composed of reports to UNICEF on specific problems—health, nutrition, education, social welfare, vocational preparation, and protection from exploitation—from the World Health Organization; the Food and Agriculture Organization; the United Nations Educational, Scientific, and Cultural Organization; the United Nations Bureau of Social Affairs; and the International Labour Organisation.

Part 3 presents condensed reports from a number of countries on their children's primary needs, demonstrating the intensifying effects on deprivation of explosive population growth and "bewildering shifts in economic and social patterns."

DEMOGRAPHIC YEABOOK. 1961, 13th issue. Statistical Office, Department of Economic and Social Affairs, United Nations. 1962. 713 pp. Sales Section, United Nations, New York. $8 paperbound; $10 clothbound.

Under a rotation plan, mortality statistics, previously featured in 1957 and in 1951, are again the topic for intensive treatment in the United Nations Demographic Yearbook, 1961. Official statistics on more than 200 countries and territories are included.

New tables in the area of maternal and child health include: time series of perinatal deaths and ratios, 1952–60; late fetal deaths (duration of pregnancy 20 or more weeks or not stated), 1952–60, with percent illegitimate and sex distribution; fetal death ratios, 1945–60; and death rates specific for age, sex, and marital status.

Trends in total number of infant deaths and in infant mortality rates are shown on an annual basis in the period 1952–61, while 5-year-average annual rates are given for the years 1945–49, 1950–54, and 1955–59, respectively. Annual infant mortality rates, specific for age and sex, are shown for the years 1952–61.

Life tables, referring to the 20-year period 1940–60, including expectation of life and estimated survivors at specified ages, by sex, are also included; as are the usual statistics on marriage, divorce, natality, and world population.

According to these last estimates, world population in 1960 was 2,995 million, as compared with 2,510 million in 1950. The annual rate of increase in the decade was 1.8 percent. Annual rates of increase above this figure were estimated for Africa (2.2 percent), Middle and South America (2.7 percent and 2.3 percent, respectively), Asia (except the South Central Region) and Oceania (2.4 percent).

A cumulative table of contents covers all 13 issues of the Yearbook.

# HERE AND THERE

## *Youth Employment*

Late in April the President's Committee on Youth Employment, appointed in November 1962, submitted a report to the President containing 15 recommendations to improve the prospects of young people in the labor market. The Committee, which was under the chairmanship of the Secretary of Labor W. Willard Wirtz, consisted of the Attorney General of the United States; the Secretaries of Commerce, the Interior, Agriculture, and Health, Education, and Welfare; and the Administrator of the Housing and Home Finance Agency; and representatives of industry, labor, State and local government, education, and national social service and parents' organizations. Its recommendations, in brief, were:

1. That Governors and mayors establish continuing committees concerned with youth employment.

2. That employers of all types reexamine their policies to see how they can better employ young people and eliminate discrimination against minority youth.

3. That unions and employers revise contracts and practices which restrict the entry of youth, including minority youth, into beginning jobs.

4. That the Secretary of Labor arrange for a study of apprenticeship programs and future needs.

5. That school systems develop intensive programs to bring out-of-school youth up to standards of employability.

6. That a Federal program for urban and conservation employment and training of youth be enacted.

7. That the Manpower Development and Training Act be amended to increase the allowances for unemployed youth in training and to make them available to out-of-school youth between the ages of 16 and 18.

8. That schools improve teaching methods and curricula for young people going from secondary school to the labor market.

9. That funds be provided to schools in order to improve their programs.

10. That the Secretaries of Labor and Health, Education, and Welfare assist State agencies in promoting special training programs for vocational counselors; and establish a clearinghouse on vocational counseling programs.

11. That vocational education laws be reexamined with a view of strengthening programs and eliminating racial or religious discrimination in the selection of trainees.

12. That skill centers or technical or vocational schools be established in new locations.

13. That child labor restrictions be reexamined to determine whether carefully safeguarded changes may be appropriate to help youth acquire suitable work experience in connection with their schooling.

14. That school attendance laws be extended to all children in the school district including those of migrant farm-workers.

15. That Army pre-induction examinations be given to young men at registration for Selective Service or shortly thereafter to permit early identification and correction of physical or educational defects.

The full report of the Committee is available in a report issued by the Department of Labor entitled "The Challenge of Jobless Youth."

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About 50 representatives of 18 Federal agencies met together May 13–14 for a seminar on the social and economic pressures upon youth. The focus was on non-college young people who are out of school and for whom employment opportunities have dwindled because automation has greatly reduced available jobs at the same time that the war baby bulge in population is entering the labor force. Among the groups' recommendations—in addition to endorsement of the 15 major recommendations of the report of the President's Committee on Youth Employment—are the following:

1. That consideration be given to formulation of a national policy for appropriate training and employment opportunities for all youth; that subsidized jobs be provided to accomplish needed work in areas where labor market demand is not an effective force.

2. That means be developed for intensive remedial education programs for all young men rejected for military service because of functional illiteracy.

3. That broadly based school programs from earliest years throughout formal schooling provide learning experiences for all types of children—of all degrees of readiness.

4. That research be carried out to determine what types of influences are needed in preparation and training, and in actual work experience to help young people succeed on the job.

5. That the States be encouraged to take full advantage of youth programs available with Federal financial participation such as provided under the Public Welfare Amendments of 1962 and the Manpower Development and Training Act.

6. That to achieve total mobilization of presently available resources to prepare youth for employment, citizenship, and parenthood, there be dynamic dissemination of program information among agencies from one level of government to another; rotation of personnel through Federal, State, and local public agencies; and more active cooperation among agencies at all levels.

## *Child Welfare*

Seventeen child welfare research and demonstartion grants totaling $600,484 were awarded by the Children's Bureau in late March, out of 48 grant applications for projects in 10 States and jurisdictions, including the District of Columbia. The approved grants—10 for research and 7 for demonstration projects—went to universities, and voluntary and public agencies and institutions in California (3); the District of Columbia (3); Illinois (2); Massachusetts, Michigan, Missouri, New York (3); Pennsylvania, Texas, and Wisconsin. Three represented funds for the second year of projects previously approved for more than 1 year.

Areas of focus include social group work with parents; relationship between cognitive environment and mental growth in children; the role of social workers in child protective agencies; training of nonprofessional

persons for licensing independent day-care and full-time foster homes; the study of unsupervised family day-care arrangements; school-centered rehabilitation for pregnant schoolgirls; casework with unmarried fathers; foster-parent motivation; adoptive parents of older children; group therapy for retarded adolescents; and the conflicting definitions of the roles of positional authorities in prevention and treatment of delinquent behavior.

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To explore ways of coordinating the systems of statistical reporting used by voluntary casework agencies, a small number of representatives from several national groups attended a meeting called by the Family Service Association of America on April 26 in New York City. Participants were from the Child Welfare League of America, the National Traveler's Aid Association, United Community Funds and Councils of America, the Council of Jewish Federations and Welfare Funds, the Outpatient Studies Section of the Biometrics Branch, NIMH, and the U.S. Children's Bureau. The group agreed on the need to set up effective communication among organizations sponsoring reporting systems and, as a preliminary effort, decided to review types of information now being collected by the national organizations represented on individual children, adults, and families. A second meeting, to which representatives of other interested agencies will be invited, is scheduled for the fall of 1963.

## *Federal Legislation*

Funds earmarked for grants to develop day-care services and to train child welfare personnel, authorized by the Public Welfare Amendments of 1962 (see CHILDREN, September–October 1962, p. 199), were included in the supplemental appropriation for maternal and child welfare voted by the 88th Congress in May of this year. Of the $1 million appropriation, $800,000 is earmarked for grants to the States for day-care services provided under their plans for child welfare; and $200,000 for grants to public or other nonprofit institutions of higher learning for special projects for training personnel in the field of child welfare.

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On May 28 President Kennedy signed the new outdoor recreation act (Public Law 88–29). This law authorizes the Secretary of the Interior to maintain a continuing inventory of outdoor recreation needs and resources, to prepare a system of classification of needs, and to formulate a comprehensive nationwide outdoor recreation plan identifying critical problems and recommending solutions. The Secretary is also authorized to provide technical assistance to Federal agencies, States, political subdivisions, and private organizations; to encourage regional cooperation; and to perform research functions directly or by contract or cooperative agreements. Interdepartmental cooperation is provided for, as is cooperation with educational agencies.

## *Unwed Motherhood*

A study of 321 unwed mothers in New York who gave birth for the first time and are keeping their babies is under way in New York City under the auspices of the Community Council of Greater New York. Begun in April 1962, the 3-year study is designed to ascertain the plans of these mothers for taking care of their babies and, through followup interviewing, to learn about the mothers' experiences during the 18 months following delivery. The study is supported in part by a research grant from the Social Security Administration.

In preparation for this study, the Council recently analyzed data drawn from its study of 520 unmarried mothers which was completed in 1960 (see "Two Studies of Unmarried Mothers in New York City," by Hannah M. Adams, CHILDREN, September–October 1961). Selected particularly for analysis were data on the 268 mothers in the sample who had kept their first out-of-wedlock child. A mimeographed report of this analysis has been released under the title, "Some Characteristics of New York City Unmarried Mothers with Special Reference to Those Who Keep the First Out-of-Wedlock Child." This reveals that of the 268 mothers in the earlier study's subsample:

- More than three-quarters were found to have relied for living expenses during pregnancy on their own earnings and savings or on those of the putative father or family members.
- About 20 percent had been dependent to some extent during pregnancy on the city's welfare department; for 11 percent, public assistance was the sole source of help. Four percent had received help from another social agency.
- Forty-four percent of the mothers were under 20 years of age; proportionately fewer of the white women than of any other ethnic group were under 20—30 percent compared with 49 percent of the nonwhite and 36 percent of the Puerto Ricans.
- Sixty-eight percent had had some high school education; and 3 percent, some college training. Seventeen percent had attended grade school only. About 15 percent were still in school, and, of these, two-thirds were under 17 years of age. Among those under 17 years old, 19 percent were not attending school; 85 percent of the 17- to 19-year-olds were out of school.
- More than 90 percent of the group had lived in New York City prior to pregnancy, about 80 percent for at least 3 years. Only 10 percent of the white mothers in this subsample had come to New York during pregnancy (compared with 27 percent of the group of all white unmarried mothers in the total sample, who had come there during pregnancy).
- Forty-four percent had been interviewed by a hospital social worker (compared with 40 percent of the unwed group as a whole). Two out of five had had no social agency contacts at all.

## *Dependent Children*

The great majority of the families in the aid-to-dependent-children program (now aid to families with dependent children) live in "extreme poverty," according to recently released findings of a nationwide study of the ADC program in 1961, sponsored by the American Public Welfare Association. Sixty-eight percent had incomes under $2,000 a year—including the assistance grant—as compared with 7 percent in the population as a whole.

The purpose of the study was to evaluate the effectiveness of the program, to determine the characteristics of its caseload, and to compare the findings with those of a study of ADC made by APWA in 1950 and 1951.

Conducted by the Institute for Research in Social Science of the University of North Carolina and supported by a grant from the Field Foundation, the 1961 study covered every third case closed during the first quarter of 1961 in 42 States and the District of Co-

lumbia—jurisdictions having 82 percent of the total ADC caseload. The sample consisted of 5,398 families with 17,715 children.

The investigators conclude that the original aim of ADC, of keeping families together through financial aid, has met with success. They suggest, however, that this goal may not be sufficient, since more than half of the families in the sample had five or more problems in addition to that of financial need. These were problems of mental or physical health, education, behavior, housing, or economics; 17 percent of the families had from 10 to 28 problems in these areas.

On the basis of these and other findings, including evidence that in this "submarginal" group of the population "the slightest jolt" in the economy or their family situations "throws them back," the investigators suggest the advisability of continuing to provide services to some families after the need for financial assistance has passed. They point to the fact that 36 percent of the closed cases were reopened more than once.

Among other findings were:

- A third of the cases in the sample were closed as ineligible although the family was still in financial need.
- For half of the families, ADC payments served as temporary assistance during a crisis—50 percent received assistance 18 months or less. Seventy percent received assistance for less than 5 years.
- Adults in about 60 percent of the families did something or tried to do something to help financially while receiving ADC payments.
- Only 16 percent of the homemakers had skills that could be used in the labor market. Nearly four-fifths had never finished high school and nearly one-half had no more than an eighth-grade education.
- Eighty-one percent of the children on the rolls were born in wedlock (as compared with 85 percent in 1950).
- Nearly 70 percent of youths 18–24 in the sample had not completed high school, in comparison with 38 percent of the general population of this age group; 27 percent had not gone beyond the eighth grade as compared with 13 percent of the same age group in the general population.
- About 95 percent of the children had not been involved in delinquency and criminal offenses since the receipt of ADC.
- Twenty percent of the families lived in critically overcrowded conditions.
- In only 9 percent of the families was child neglect or abuse reported, and in only 4 percent was there a report of the grant not being used primarily for the benefit of the children.

The authors of the report, "An American Dependency Challenge," were M. Elaine Burgess and Daniel O. Price. (Price $3 from the American Public Welfare Association, 1313 East 60th Street, Chicago 37, Ill.)

## *Illness in Children*

Acute illness among children under 15 years of age occurred at a rate of three episodes per child during the year ending June 1961, according to a recently completed analysis by the Children's Bureau of data collected by the National Health Survey on illnesses among children. Respiratory cases accounted for 55 percent of these acute conditions, and injuries, for 11 percent.

The data analyzed were obtained in household interviews of about 125,000 persons per year in about 38,000 households. These were carried out for the bulk of the data during the period from July 1959 through June 1961, but for information on hospitalization, during the 2 years ending July 1960, and on dental care, during the year ending June 1958. The Bureau's analysis of these data will soon be issued in a report entitled "Illness Among Children" by Clara G. Schiffer and Eleanor P. Hunt. It points out among other facts that during the period of the survey:

- On the average, about one chronic condition was reported per four children under 16 years of age.
- Children under 15 (comprising 31 percent of the total population) comprised 38 percent of all persons injured during the 2 years ending June 1961. Injuries occurred at the rate of 30 per 100 children under 15. Thirty-one percent of the injuries to children under 17 were from falls; 52 percent of all accidents affecting children took place about the home. Acute illnesses occurred with greatest frequency among urban children (314 illnesses per 100 children) than among either rural nonfarm children (296 per 100) or rural farm children (225 per 100).
- Hospital discharges among children averaged annually 63 per 1,000 children under 15, for the period July 1958–June 1960. The rate among nonwhite children was 41 per 1,000 and 66 per 1,000 for white children, but average hospital stays were 10 days among nonwhite children compared with less than 6 days among white children. Nine out of ten hospitalized children went to general hospitals. Children under 15 were 16.6 percent of the population of these hospitals. More than 4 out of 10 children in hospitals were there because of respiratory conditions, including conditions related to the tonsils and adenoids. Over half of those under 15 years of age in hospitals had surgery, and 45 percent of these had tonsillectomies or adenoidectomies.
- Among school age children, the most common physical defect was dental caries. More than half of the Nation's children had never been to a dentist. This was true of 28 percent of children 5 through 14 years of age.

## *Mental Retardation*

A 3-day institute on nutrition service in mental retardation programs—in which public health nutritionists, pediatric dietitians, public health nurses, and others explored their roles and functions in programs for mentally retarded children—was held in Cincinnati, Ohio, in the late spring of 1963. Sponsors were the Children's Bureau; the Maternal and Child Health Division of the Ohio Department of Health; the Ohio Department of Mental Hygiene and Corrections; and two Cincinnati organizations, the Hamilton County Diagnostic Clinic and the Children's Hospital Research Foundation.

The more than 100 participants—from 35 States, the District of Columbia, and Puerto Rico—were persons involved in services for mentally retarded children, either through public or private clinical programs or followup care in the home and community. Speakers, consultants, and resource people represented the fields of pediatrics, medical research, physical medicine, dentistry, physical and occupational therapy, medical social work, psychology, speech and hearing, and public health nursing.

The conferees discussed ways of strengthening and extending the nutrition component in the care of retarded children, highlighting the mutual dependence of the various health disciplines in these efforts. The im-

portance of strengthening the preparation of nutritionists and dietitians for work in this field was also stressed, with suggestions made for preservice training via dietetic internships, graduate nutrition programs, and planned on-the-job training. It was also pointed out that the largely unknown factors concerning the dietary aspects of metabolic errors and the nutritional needs of the mentally retarded child can be illuminated only by further research in partnership with medicine and biochemistry.

## *For Migrant Children*

By mid-May plans were under way in a number of States for summer day-care services to children of agricultural migrants, but plans in other States were too amorphous to report. Among the States where such planning was taking definite shape were:

• *Iowa*, where in Muscatine County a day-care center will again be operated by the Muscatine Migrant Council, with financial support from local Catholic and Protestant religious organizations and a large canning company which owns farms in the area. Licensed by the State department of social welfare, the center will have six teachers. Food, some prepared from agricultural surplus commodities, will be served by women's church groups. The State department of health is providing a nurse to serve the migrant families through the center.

• *Kansas*, where there will be day-care centers (full day) in Finney and Kearney Counties and 2- to 3-hour play groups in Wichita and Grant Counties. The center in Finney County, at Holcomb, is being financed through the State board of health from a special $5,000 appropriation made by the State legislature. It will be operated by the Kansas State University, with help from the Migrant Ministry of the State Council of Churches. The center in Kearney County is community financed, with local church groups and the Council of Churches' Migrant Ministry playing major roles. Children in all the centers will be given physical examinations and immunizations by State and local health department personnel and referred to appropriate resources for any needed medical or dental care.

• *Maryland*, where the State welfare department will continue the purchase of day care in a center operated by the Council of Churches at Somerset. This serves an average of 30 migrant children a day and is open from 6:30 a.m. until 9:30 p.m. The parents pay 25 cents a day for the first child and 15 cents for each additional child.

• *North Carolina*, where there will be six day-care centers for migrant children as compared with two last year (see "A Child Welfare Worker in a Program for Migrants," CHILDREN, May–June 1963). The six centers will be operated by the State Council of Churches, with care being purchased by the State board of public welfare, and fees up to 25 cents a day collected from parents when they can afford it. The board also had plans for the purchase of family day care for infants. Four counties were planning to extend homemaker services to migrant farm families, including the two which did so last year.

• *Pennsylvania*, where 12 day-care centers—including 2 new this year—will care for an estimated 400 migrant children in 9 areas of the State, the operation of all but one by the Pennsylvania State University and all financed by State department of public welfare.

• *Texas*, where the State department of public welfare was providing two communities with assistance in planning community-financed day-care centers for migrant children. Other communities had surveys of day-care needs in progress in which the day-care needs of migrant children were reported as being taken into consideration.

• *Virginia*, which will have two centers for migrant children—in Cheritan and Mappsville—operated by the Council of Churches, from which the State welfare department plans to purchase care for a maximum of 50 migrant children a day.

## *For Health*

A 1-day workshop designed to stimulate hospitals to develop play activities for children in their pediatric units was held recently in Trenton, N.J., by the Maternal and Child Health Program of the New Jersey Department of Health. Attended by 36 nurses and volunteers serving in pediatric units of hospitals within New Jersey's Central Health District, the workshop was an outgrowth of a conference on volunteer services in pediatric units held last year by the State health department in conjunction with the Middle Atlantic Hospital Assembly, during which the place of play in a total care program for the hospitalized child had been stressed.

Divided into five groups, the participants in the workshop discussed such subjects as the use of toys, inexpensive play activity, the consideration of age level and physical limitations when planning for the child, and the relationship between nurses and volunteers in carrying out play programs. A summary of the groups' deliberations was used as a springboard for a final plenary discussion, led by a panel composed of a nurse, a hospital administrator, a director of volunteers, and a pediatrician. Kits of materials—including a specially prepared booklet, "Play For Hospitalized Children"—were distributed and a variety of inexpensive play materials displayed among the exhibits. Also, consultation was offered to participants interested in starting or expanding such programs.

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A warning to home gardeners to keep flower bulbs and seeds away from small children, who may want to taste-test them, was issued this spring by the Accident Prevention Division of the Public Health Service. According to the Service, parts of many plants and shrubs are poisonous, and in many cases bulbs and seeds were treated before purchase with chemicals to inhibit deterioration and insect damage. The Poison Control Network affiliated with the Public Health Service received 725 emergency reports of bulb, seed, or plant ingestions by children under 5 in 1961. This was 2.3 percent of all inquiries received by the poison control centers that year; the same percentage of total reports held for the year before when there were 653 calls.

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Self-studies for improving health services are expected to be undertaken by some 20 communities in cooperation with the National Commission on Community Health Services, a non-profit agency established a year ago to conduct a 4-year study of community health needs and services. (See CHILDREN, September–October 1962, p. 205.) Criteria for selecting the communities were drafted at the commission's first annual meeting held in New York at the close of January. They included factors related to geographic distribution, population size, community en-

dorsement, and the availability of personnel and financial resources.

Communities already accepted by June 1 were Knoxville, Tenn., and Cape May, N.J.

At the same meeting, the commission approved plans for seven task forces, charging one of them with identifying, analyzing, and demonstrating principles and methods which facilitate effective action by communities to meet their specific health needs. The other task forces are to focus on environmental health, organization, manpower financing, personal health services, and health service institutions.

### *Miscellaneous*

By March of this year, the Intercollegiate Volunteer Council, a new organization of student volunteers in the Washington, D.C., area, had supplied about 500 volunteers to agencies in the community for activities directed to the children of deprived families. Organized in January of this year, with the cooperation of 10 universities and colleges in the area, the Council provides volunteers to settlement houses, the Boy Scouts, the Boys Clubs, the Metropolitan Athletic Association, church-affiliated groups, and 2 institutions for children operated by the District government. Among other activities, volunteers tutor, supervise athletics, teach skills, and lead hobby groups. With headquarters on the campus of American University, the group recruits through student committees in each of the participating schools.

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The Interdepartmental Committee on Children and Youth has formed a subcommittee on parent and family life education to work toward implementation of the recommendations of the 1960 White House Conference on Children and Youth pertaining to parent and family life education. Federal agencies represented on the subcommittee are: the Office of Education, the Public Health Service, including the National Institute of Mental Health, the Children's Bureau, the Bureau of Family Services, the Vocational Rehabilitation Administration, Department of Health, Education, and Welfare; the Federal Extension Service, Department of Agriculture; the Housing and Home Finance Agency; and the Selective Service System. Edward Pope, specialist in child development and family relations of the Federal Extension Service, is the chairman. Catherine Chilman, parent education specialist for the Children's Bureau, is the executive secretary.

# Guides and Reports

SOCIAL AND RECREATIONAL PATTERNS OF ORTHOPEDICALLY HANDICAPPED CHILDREN. A study and report. Arthur Schwartz. Associated YM-YWHAs of Greater New York, 33 West 60th Street, New York 32. 1962. 48 pp. $1.25.

Describes a study focused on a New York community center and the surrounding area to determine the socio-recreational needs of physically handicapped children and their parents in the neighborhood as an aid in establishing a service program.

BODY BUILD AND BEHAVIOR IN YOUNG CHILDREN: I. Body Build and Nursery School Teachers' Ratings. Richard N. Walker. Monographs of the Society for Research in Child Development. Vol. 27, No. 3, Serial No. 84. Child Development Publications, Purdue University, Lafayette, Ind. 1962. 94 pp. $2.75.

This report presents evidence that certain associations exist between the physiques of preschool children and particular behavior traits; and that these associations arise from direct and indirect learning experiences as well as from primary bodily states, including strength, energy, and sensory thresholds.

HELPING THE FAMILY IN URBAN SOCIETY. Edited by Fred Delli-Quadri. Columbia University Press, 2960 Broadway, New York 27. 1963. 184 pp. $4.

Contains 14 papers from the 1962 National Conference of Social Work reflecting its theme, "Social Goals of a Free Society," and focusing on the contemporary social factors that affect family life in an urban society and the services designed for strengthening it.

PROCEEDINGS: INSTITUTE ON ADMINISTRATION IN CRIPPLED CHILDREN SERVICES. Berkeley, Calif., June 24–29, 1962. 126 pp. Copies are available without charge from the California Department of Public Health, Berkeley 4; limited quantity available.

The 19 papers in this report of an institute sponsored by the School of Public Health, University of California, the Crippled Children Services of the California State Department of Public Health, and the Children's Bureau cover various aspects of administrative problems of crippled children programs, methods of selling these programs to the public and the legislature, standard setting, case management, personnel development, and program evaluation.

## For Parents

CHILDHOOD AND ADOLESCENCE. J. A. Hadfield. Penguin Books, Baltimore, Md. 1962. 286 pp. $1.25.

HOW TO GIVE YOUR CHILD A GOOD START IN LIFE. Leland E. Glover. Collier Books, New York. 1962. 223 pp. 95 cents. (Paperback)

HOW TO HELP YOUR TEENAGER GROW UP. Leland E. Glover. Collier Books, New York. 1962. 254 pp. 95 cents. (Paperback)

DIAGNOSIS: EPILEPSY; a guide for parents. Jacqueline T. Leonhard. Parents Committee on Epilepsy, Family Health Association, Cleveland, Ohio. 1962. 39 pp. 50 cents.

# FAMILY CASEWORK DIAGNOSIS— AN INTERPRETATION

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IN limited space it is impossible to deal adequately with the numerous questions which Dr. Nathan W. Ackerman raised or implied in his critique of our study, "Family Casework Diagnosis,"[1] which appeared in the previous issue of CHILDREN. (May–June 1963, pp. 116–118.) Each merits a full discussion. On many we are reasonably sure there could be a meeting of minds. Here, we will comment briefly on three which seem to us of most importance.

The first is key to much of Dr. Ackerman's critique. As he says of his own comments, ". . . the present review must contain an element of special bias, since it is written by a psychiatrist and is influenced by his special interest in the psychodynamics and psychotherapy of the family group." He also describes our own special interest: "The aim of the study which this book reports was to find ways to improve diagnosis of the phenomenon of family disorder by designing a system of classification which would enable social caseworkers to deal more effectively with families burdened by dependency, ill health, and maladjustment." This is a fair statement except that the book was not directed exclusively to caseworkers focusing on these problems; nor were the families in the study selected through problem criteria.

The two interests, psychiatry and social casework, although complementary, are not identical. We do not question the importance of Dr. Ackerman's focus upon the more complex aspects of psychic phenomena of interaction expressed through the emotional conflicts among members of the family group. Nor do we question its purpose: psychotherapy of the family group.

Our work was not conducted for this purpose. It was to create a conceptual base from which to forge better working tools for family diagnosis that can be used by all social caseworkers employed in public and private social agencies. In interpreting our case materials, we drew heavily upon present knowledge about human development available from psychiatry, psychoanalysis, and other sciences. We did not aim to add new knowledge about psychic phenomena of interpersonal interaction in the family setting.

The second point is a natural corollary of the first. Dr. Ackerman mentions that the book contains ". . . a framework for family diagnosis suitable for analysis of psychosocial data about families." Our purpose would have been more accurately reflected if the sentence had read "suitable for analysis of psychosocial data about family social functioning by social caseworkers."

Social functioning is the peculiar province of the social caseworker. The framework provides a way to organize and analyze more systematically data in four defined functional areas—financial function, marital function, child rearing (encompassing both parental function and child development), and adult adjustment. Largely on the foundation of this framework, Community Research Associates has built specific operating instruments now being used in agency practice. These provide for the collection, recording, and analysis of objective facts from various sources, as well as of clinical evidence obtained from direct contact with the families. Prognostic judgments are a part of this.

In the study, the development of this framework and the identification of the four family types proceeded simultaneously. In practice, however, classification by family type derives from the diagnostic process encompassed by this framework.

Admittedly these guiding principles do not stipulate methods of diagnosis. There is no reason why holding office interviews with the entire family, as Dr. Ackerman does, could not be one, provided several things eventually are demonstrated about this method: (1) that it adds substantial knowledge about the totality of family functioning that can be secured in no other way; (2) that it can be used effectively by social caseworkers without continued psychiatric supervision and interpretation; and (3) that it can be used appropriately in agencies whose caseloads are not highly selective and protected.

Systematic procedures, based largely on the concepts and formulations presented in our book, are now being used in public welfare departments in five States and in several voluntary casework agencies. Those using this approach assert that they enable the case-

worker to achieve a more complete diagnostic picture of total family functioning than previously used methods of social casework practice.

Epidemiological data from CRA's experimental county projects showed that of all the families served by all community-supported welfare and health agencies, 30 out of every 1,000 showed evidence of some form of "disordered behavior." No one knows with any accuracy what proportion of these families could best be dealt with by some form of psychiatric treatment or some form of social casework. Except for the more serious forms of mental illness, no clear guidelines exist for making these distinctions. Certain epidemiological data gathered by CRA suggests, however, that psychiatric service would be the more effective method in from 10 to 15 percent of the total number of families with disordered behavior. Practically no community now has available the psychiatric resources required to handle even this volume of service.

We quite agree with Dr. Ackerman about the necessity for a concept of normal family social functioning "out of which we may derive levels and degrees of deviance. . . ." We cannot agree, however, that: "The study makes reference to an idealized normal family, but the model of such a family is not presented." The book contains an entire chapter on the "healthy family," which precedes the chapters discussing family dysfunctioning.

We also agree with Dr. Ackerman's affirmation of the "sheer scientific enormity of the problem of family dynamics." We might add, however, that this in no way justifies social agencies' abdication of responsibility for utilizing best current knowledge in a positive effort to resolve, insofar as possible, the problems of social dysfunction which their families present.

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[1] Voiland, Alice L., and Associates: Family casework diagnosis. Columbia University Press, New York. 1962.

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# Films on Child Life

**Films listed here have been reviewed by staff members of the Children's Bureau. The listing does not constitute endorsement of a film, but indicates that its contents have merit. Charges for rental or purchase, not given because they change, may be obtained from distributors.**

ONE AND TWO AND THREE. 15 minutes; sound; color; purchase.

This educational film, consisting of two 7½ minute units on one print, dramatizes at a slow, repetitive pace a method of teaching the meaning of the number concepts 1, 2, and 3 to mentally retarded children and provides some instruction on farm life.

*Audience:* Administrative personnel of services for mentally retarded children, teachers of such children, and mentally retarded children.

*Produced by:* Sy Wexler Film Productions, Los Angeles, Calif., with the directors of Special Services and the Instructional Materials Center and the teachers of the Park School of Severely Retarded Children, Evanston, Ill.

*Distributed by:* Henk Newenhouse, Inc., 614 Davis Street, Evanston, Ill.

MEDICAL CARE FOR ADOLESCENTS. 29 minutes; sound; color; loan.

Shows the importance of good medical and hospital care for adolescents and of their having physicians in whom they can confide, who can recognize and handle the emotional as well as physical needs of teenagers.

*Audience:* Psychiatrists and other physicians, parents, counselors, community groups, and hospital boards.

*Produced by:* Southern Medical Association, in cooperation with the Merck Sharp & Dohme Film Library.

*Distributed by:* Southern Medical Association, 2601 Highland Avenue, Birmingham 5, Ala.; and Merck Sharp & Dohme Film Library, care of Ralph Lopatin Productions, 1617 Pennsylvania Boulevard, Philadelphia 3, Pa.

YOUTH AND THE LAW. 36 minutes; sound; black and white; borrow, rent, or purchase.

Portrays a variety of situations in which the police have contact with children and adolescents in trouble; demonstrates techniques for dealing with them; points up the importance of teamwork between a community's mental health and law enforcement personnel; and illustrates the concept of guidance rather than punishment as the basis of juvenile law.

*Audience:* Administrative police personnel and police-training personnel, citizen groups, professional personnel who work with young people, mental health professionals, and community organizers.

*Produced by:* Affiliated Films.

*Distributed by:* International Film Bureau, Inc., 332 South Michigan Avenue, Chicago 4, Ill. (to purchase); local State mental health authority or film library, to borrow or rent.

WHEN I'M OLD ENOUGH . . . GOODBYE! 28 minutes; sound; black and white; free loan.

U.S. Department of Labor's film, which was placed second in the "Government Films for General Information" category at the San Francisco International Film Festival, deals with school dropouts and portrays the dilemma and subsequent problems of the youth who decides to quit school; shows his motives for the decision; and illustrates possible solutions for parents, teachers, and others.

*Audience:* All in-school youth and potential dropouts; parents, school guidance counselors, and school curriculum planners; youth-service organizations; youth organizations; and the general public.

*Produced by:* Louis de Rochemont Associates.

*Distributed by:* State Employment Services acting in cooperation with the U.S. Employment Service of the Bureau of Employment Security, U.S. Department of Labor.

## SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

**Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.**

A CREATIVE LIFE FOR YOUR CHILDREN. Margaret Mead. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Headliner Series No. 1. 1962. 41 pp. 35 cents.

Directed to today's parents and to everyone associated with children, this illustrated booklet written by anthropologist Margaret Mead emphasizes the importance of treating the child as a separate, complete, responsible person from infancy through adolescence. It points out that each phase of mental and physical development in a child's life affords parents, communities, and the Nation another chance to find ways of providing opportunities to inspire the child to use his growing energies and strengths toward creative, constructive adulthood.

SOCIAL SERVICES FOR UNMARRIED MOTHERS AND THEIR CHILDREN PROVIDED THROUGH PUBLIC AND VOLUNTARY CHILD WELFARE AGENCIES. Hannah M. Adams. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. Child Welfare Report No. 12. 1962. 44 pp. Single copies free on request.

This report presents information received from 52 State departments of public welfare and other sources concerning the types and volume of social services for unmarried mothers provided by public and voluntary child welfare agencies. Analyzing the needs for additional services as reported from the States, it concludes that more public service is needed in at least two-thirds of the States.

POLICE WORK WITH CHILDREN: perspectives and principles. Richard A. Myren and Lynn D. Swanson. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 399. 1962. 106 pp. 35 cents.

The result of Children's Bureau collaboration in research and in consultation with several national organizations of law enforcement officials and over 150 specialists in the field of corrections and the behavioral sciences, this publication discusses some of the legal complications involved in law enforcement as it relates to children and youth in conflict with the law and the resultant problems facing police officers and administrators of correctional agencies. It also discusses and recommends principles and practices in police procedures, gleaned from legislation and judicial decisions in various jurisdictions throughout the Nation.

RESEARCH RELATING TO CHILDREN, Bulletin no. 16 (July 1962–January 1963). Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1963. 146 pp. $1.

As in previous issues, this bulletin includes only those projects reported to the Clearinghouse for Research in Child Life during the designated period. The studies described are on research projects in progress or very recently completed and cover such areas as: growth and development; personality and adjustment; educational process; exceptional children; the child in the family; social, economic and cultural influences; health services and surveys; and social services and surveys.

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